

Name
in
Full

Mrs Katharine Garey Ayers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Barton* Town *Alleghany* County

MARYLAND

Date of death 190 *7* Month *Jan* Day *24* Age *70* Years Months *11* Days *13*

Sex *Female* Color or Race *White* Birth-place *L*

Married, Single or Widowed *Widowed* Occupation *H.W.*

Name of Wife or Husband *William Ayers*

Father's Name *Wm. Ayers* Father's Birthplace *Unknown*

Mother's Maiden Name *Ester Potten* Mother's Birthplace *Unknown*

Name of person giving information *Mrs S. Ross* How related to deceased *daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Inanition* How long *Several*

Immediate *and heart failure* How long *months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. A. Boucher*

Address *Barton*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full **Viol. I. Beall**

Died at **Cumt. Md.** Town **Allegheny** County

MARYLAND

Date of death **1907** Month **1** Day **8** Age **19** Years Months Days

Sex **Female** Color or Race **White** Birthplace **Cumt. Md.**

Occupation **Schoolgirl** Where Residing if not at place of death **Cumt. Md.**

Married, Single or Widowed **Single** Name of Wife or Husband

Father's Name **Franklin B. Beall** Father's Birthplace **Allegheny Co.**

Mother's Maiden Name **Rosa E. Hutchins** Mother's Birthplace **" "**

Name of person giving information **Franklin B. Beall** How related to deceased **Father**

CAUSES OF DEATH

Primary **Bright's Disease** How long **2 years**

Immediate **Uremia** How long **6 mos.**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **A. Leo Franklin M.D.** Address **18. S. Mechanics St., Cumberland, Md.**

Accident or Suicide?

Dr. Frank Lee,

Name
in
Full

Lydia Louisa Bender

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|---|----------------------------|----------|--|-------|----------|----------|--|--|
| Died at <i>Cumberland</i> | | | County <i>Alleghany</i> | | | MARYLAND | | |
| Date of death | Month | Day | Age | Years | Months | Days | | |
| <i>1907</i> | <i>January</i> | <i>6</i> | <i>26</i> | | <i>-</i> | <i>-</i> | | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Cumberland</i> | | | | | |
| Occupation <i>Wife</i> | | | Where Residing if not at place of death <i>-</i> | | | | | |
| Married, Single or Widowed <i>married</i> | | | Name of Wife or Husband <i>A. R. Bender</i> | | | | | |
| Father's Name <i>Henry Brown.</i> | | | Father's Birthplace <i>ma near Cumberd.</i> | | | | | |
| Mother's Maiden Name <i>Elizabeth Sanders</i> | | | Mother's Birthplace <i>Cumberd ma.</i> | | | | | |
| Name of person giving information <i>A. R. Bender</i> | | | How related to deceased <i>son-in-law.</i> | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Tuberculosis of Lung;</i> | How long <i>2 yrs</i> |
| Immediate <i>& hemorrhage</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>Thos. H. Koon</i> |
| <i>Steen</i> | Address <i>2300 1/2 Street</i> |
| Accident or Suicide? | <i>Yes</i> |



Name
in
Full

Beatrice Blaker

CERTIFICATE OF DEATH

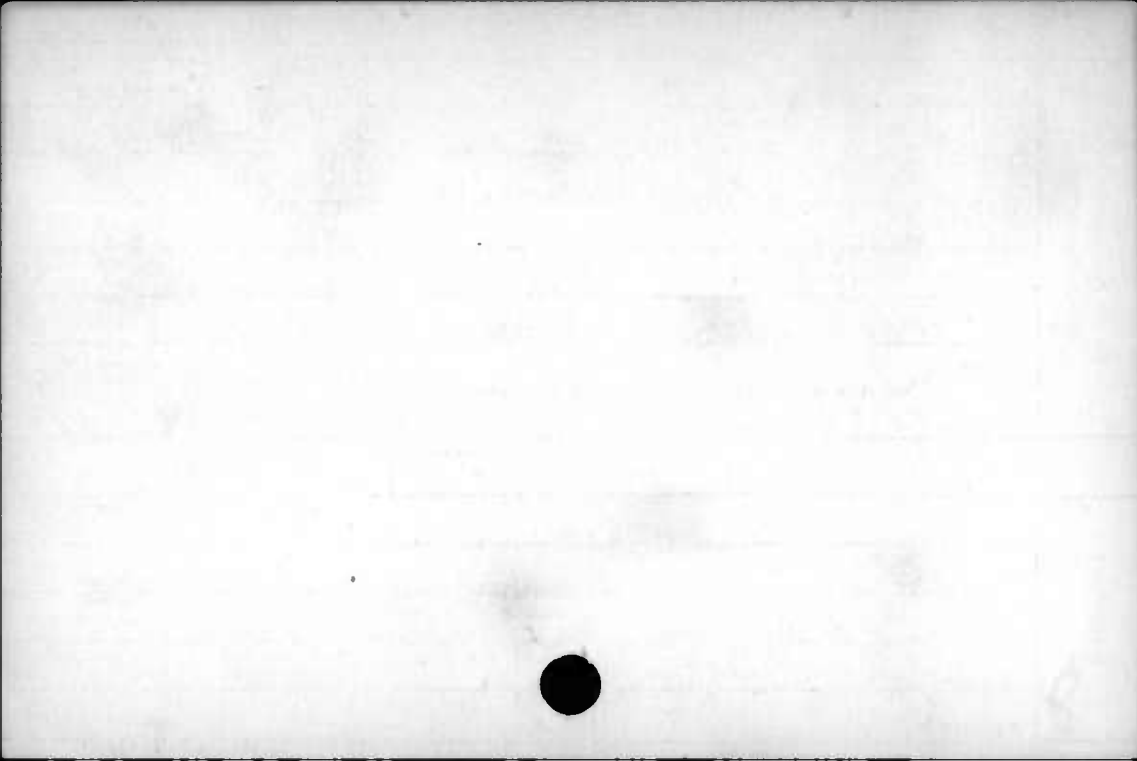
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------------------|-------|-------------------------|--------|
| Died at <i>Cumtad</i> | | County <i>accy</i> | | MARYLAND | |
| Date of death | 1907 | Month | Jan | Day | 3 |
| Age | 1 | Years | 7 | Months | 7 |
| Sex | Female | Color or Race | White | Birth-place | Cumtad |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Russell Blaker | | | Father's Birthplace | Kyeswa |
| Mother's Maiden Name | Eva Robinson | | | Mother's Birthplace | W. Va |
| Name of person giving information | Russell Blaker | | | How related to deceased | Father |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-------------------------|---|--------|
| Primary | <i>Pneumonia</i> | How long | 4 wks |
| Immediate | <i>Septic Pneumonia</i> | How long | 3 days |
| Are the name, age, sex, color, date and place correctly given above? LOUIS STEIN. | | Signature of Physician <i>Dr. C. B. Claybrook MD.</i> | |
| | | Address <i>Cumtad Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

George Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------------------|-------------------------|---|----------------------|----|
| Died at <u>Cumberland</u> Town | | <u>Allegheny</u> County | | MARYLAND | |
| Date of death | 1907 | Month | 7 | Day | 22 |
| Age | | 24 | | Years | 24 |
| Sex | <u>Male</u> | | Color or Race | <u>American</u> | |
| Occupation | <u>Repairer Hauls</u> | | Where Residing if not at place of death | <u>Corrayanovich</u> | |
| Married, Single or Widowed | <u>Single</u> | | Name of Wife or Husband | <u>Annie Brown</u> | |
| Father's Name | <u>Washington Brown</u> | | Father's Birthplace | <u>Germany</u> | |
| Mother's Maiden Name | <u>Susan Hartman</u> | | Mother's Birthplace | <u>Germany</u> | |
| Name of person giving information | <u>Hedderot Huigle</u> | | How related to deceased | <u>Nephew</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------|------------------------|-------------------------|
| Primary | <u>accident</u> | How long | |
| Immediate | <u>coma following attack</u> | How long | <u>5 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u> | Signature of Physician | <u>H. L. Hails M.D.</u> |
| | | Address | <u>Cumberland</u> |
| Accident or Suicide? | <u>accident</u> | | |

Dr Claybrook & Mailes

Name
in
Full

Agnes V. Burkey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

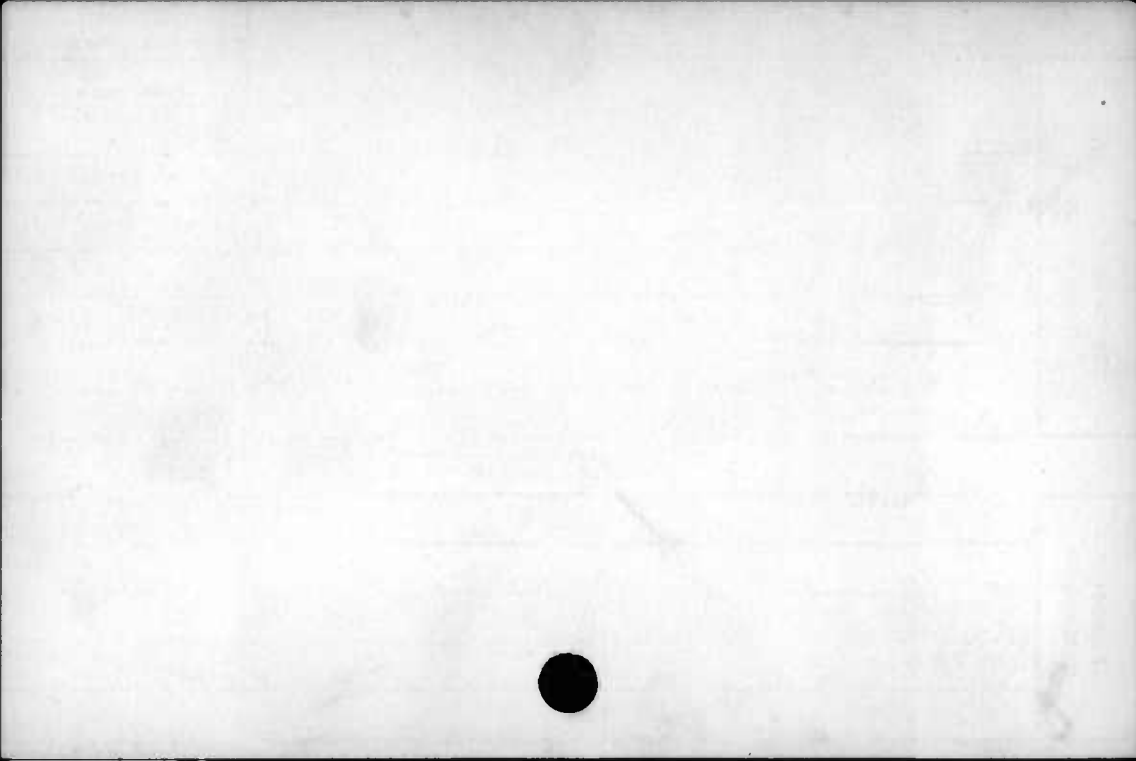
| | | | | | |
|--|-------------|--|---------------|-------------------------------|----------------|
| Died at ^{Town} <i>Cresaptown</i> | | ^{County} <i>Alleghany</i> | | MARYLAND | |
| Date of death | <i>1907</i> | Month <i>Jan</i> | Day <i>29</i> | Age <i>—</i> | Years <i>—</i> |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Cresaptown</i> | |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Jerome Burkey</i> | | Father's Birthplace <i>Near Cumberland</i> | | | |
| Mother's Maiden Name <i>Mary Miller</i> | | Mother's Birthplace <i>Cumberland</i> | | | |
| Name of person giving information <i>Jerome Burkey</i> | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

| | | | |
|--|--------------------------|------------------------|------------------------|
| Primary | <i>92</i> | How long | |
| Immediate | <i>Broncho Pneumonia</i> | How long | <i>3 yrs</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>H. R. Hodges MD</i> |
| | | Address | <i>Cumberland Md</i> |
| Accident or Suicide? | | | |

✓
PHYSICIAN
OR CORONER

LOUIS STEIN



Name
in
Full

Buck Campbell L.

CERTIFICATE OF DEATH

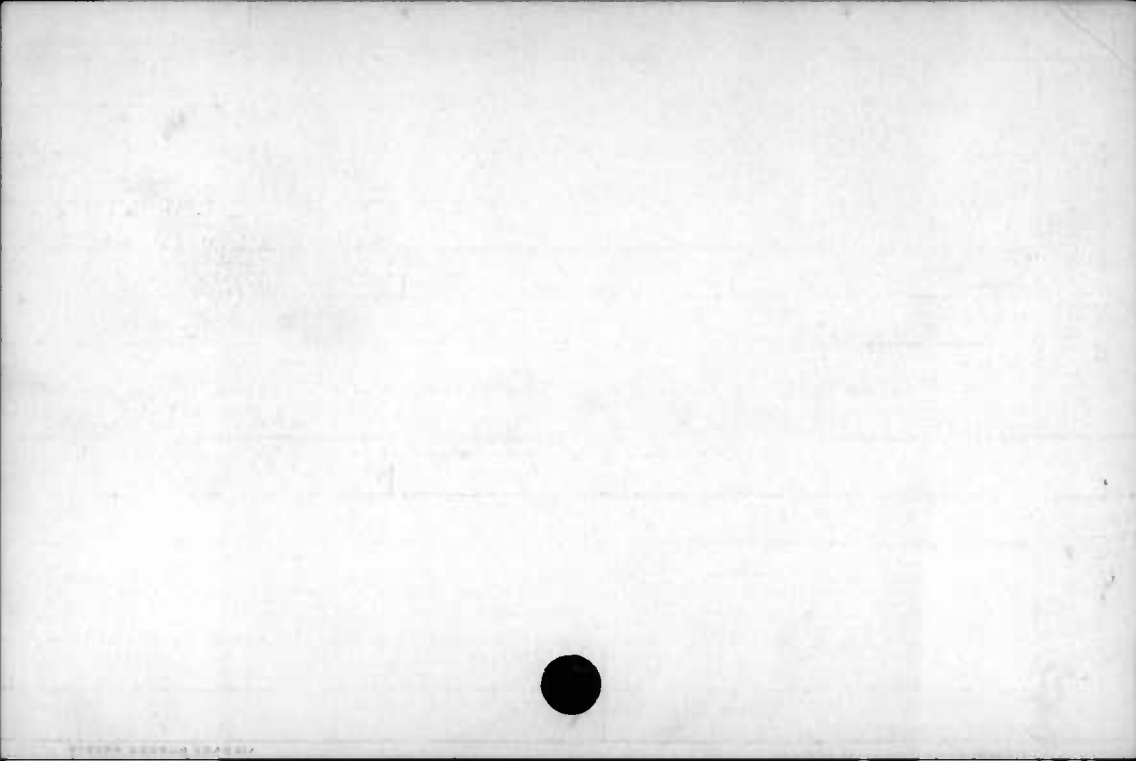
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|------------------------------------|--------|----------|--------|
| Died at <u>Cumberland</u> ^{Town} | | <u>Allegheny</u> ^{County} | | MARYLAND | |
| Date of death 1907 | Month 1 | Day 30 | Age 45 | Years | Months |
| Sex Male | Color or Race Black | Birth-place <u>Cumt. Md.</u> | | | |
| Occupation Laborer | Where Residing if not at place of death <u>Cumt. Md.</u> | | | | |
| Married, Single or Widowed | Name of Wife or Husband <u>Emma Campbell</u> | | | | |
| Father's Name <u>Bob Campbell</u> | Father's Birthplace <u>Cumberland</u> | | | | |
| Mother's Maiden Name <u>Mary Ann Hawkins</u> | Mother's Birthplace <u>Frederick</u> | | | | |
| Name of person giving information <u>Wm. H. Campbell</u> | How related to deceased <u>Mother</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------|------------------------|--------------------|
| Primary | <u>Endocarditis</u> | How long | <u>3 months</u> |
| Immediate | <u>Syncope</u> | How long | <u>Few moments</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician | <u>E. H. White</u> |
| | | Address | <u>Cumt. Md.</u> |
| Accident or Suicide? | | | |



Name

in
Full

JAN 1

1907

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|---------------|---|-----------------|----------|------|
| Died at <i>Cumberland</i> | | Town <i>Cumberland</i> | | County <i>Accomack</i> | | MARYLAND | |
| Date of death <i>1907</i> | | Month <i>1</i> | Day <i>21</i> | Age <i>28</i> | Years <i>28</i> | Months | Days |
| Sex <i>Male</i> | | Color or Race <i>White Italian</i> | | Birth-place <i>Italy</i> | | ✓ | |
| Occupation <i>Government</i> | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Lena B. Caudito</i> | | | | | |
| Father's Name <i>Joseph Caudito</i> | | Father's Birthplace <i>Italy</i> | | | | | |
| Mother's Maiden Name <i>Anna Santuzaro</i> | | Mother's Birthplace <i>Italy</i> | | | | | |
| Name of person giving information <i>Anthony Caudito</i> | | How related to deceased <i>Cousin</i> | | | | | |

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary <i>Accident</i> | | How long | |
| Immediate <i>Shock following crash</i> | | How long <i>2 days</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>H. B. Shale M.D.</i> | |
| <i>Injured in wreck on RR</i> | | Address <i>Cumberland Md</i> | |
| Accident or Suicide ? <i>Accident</i> | | | |

Dr Chaybrooke & Wailles

Name

in

Full

Charles Frankman Cassano

CERTIFICATE OF DEATH

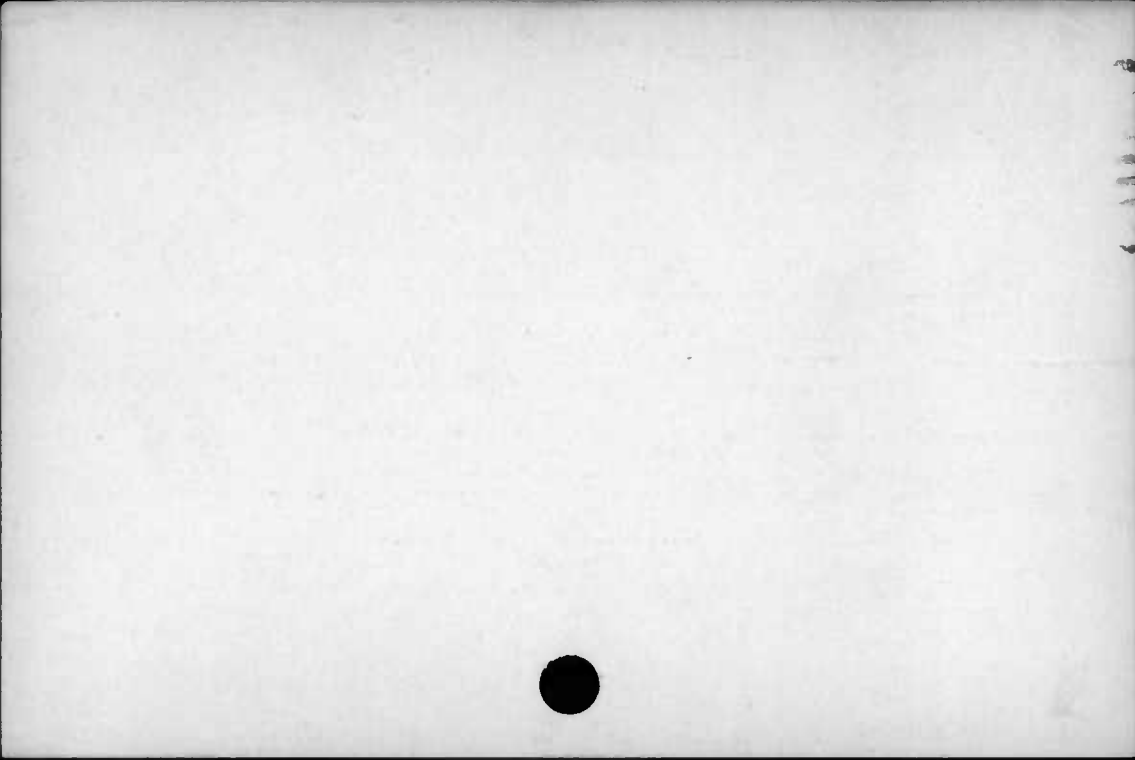
TO BE ANSWERED BY
NEAREST FRIEND

| | |
|--|---|
| Died at <u>Mt. Savage</u> ^{Town} <u>Alleghany</u> ^{County} <u>MARYLAND</u> | |
| Date of death <u>1907</u> ^{Month} <u>July</u> ^{Day} <u>12</u> ^{Years} <u>5</u> ^{Months} <u>8</u> ^{Days} <u>12</u> | |
| Sex <u>Male</u> Color or Race <u>White</u> Birth-place <u>Mt. Savage, Md.</u> | |
| Occupation _____ | Where Residing if not at place of death <u>Same</u> |
| Married, Single or Widowed _____ | Name of Wife or Husband _____ |
| Father's Name <u>Perry Cassano</u> | Father's Birthplace <u>Bedford Pa.</u> |
| Mother's Maiden Name <u>Stella Cameron</u> | Mother's Birthplace <u>Cumberland, Md.</u> |
| Name of person giving information <u>Perry Cassano</u> | How related to deceased <u>Father</u> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|-----------------------------|
| Primary | <u>172</u> | How long |
| Immediate <u>Drowning</u> | | How long <u>Few minutes</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Edward Swales</u> | |
| | Address <u>Mt. Savage, Md.</u> | |
| Accident or Suicide? <u>Accident</u> | | |



Name
in
Full

Annie Louise Coyle

CERTIFICATE OF DEATH

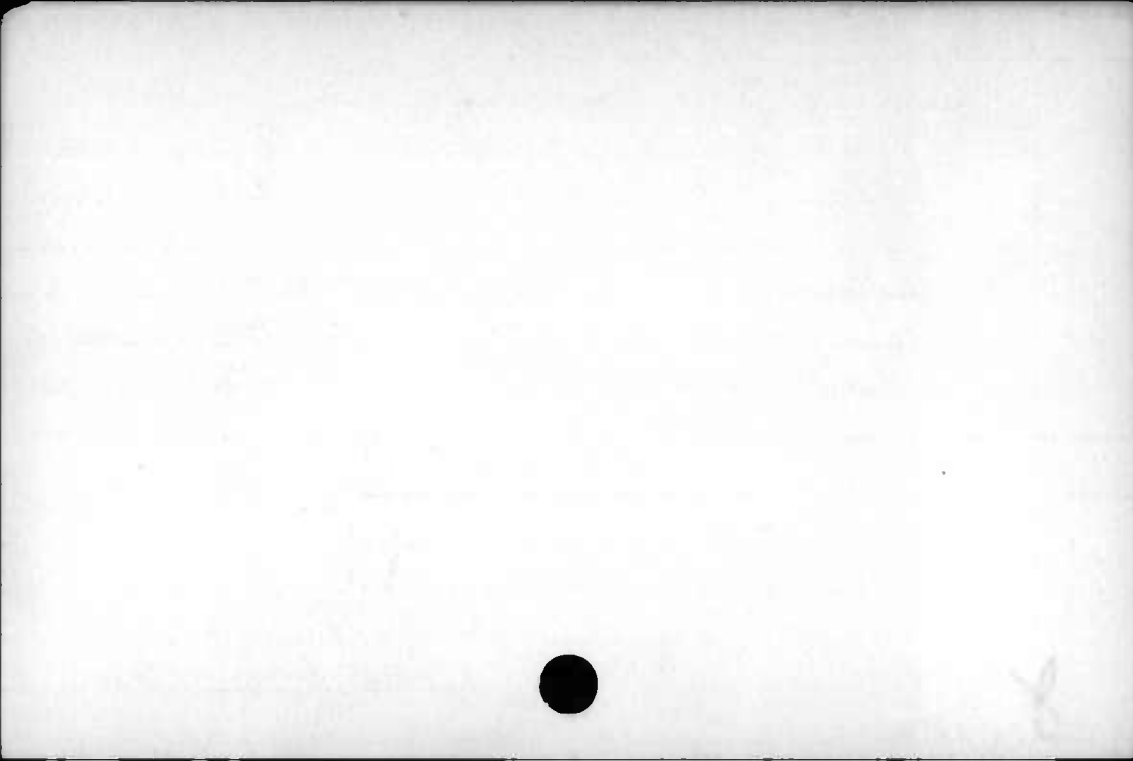
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------------------------|--|-------|-------------------------|-----------------|
| Died at <i>Lonaconing</i> | | County <i>Alleghany</i> | | MARYLAND | |
| Date of death | 1907 | Month | Jan | Day | 29 |
| Age | 53 | Years | 7 | Months | 10 |
| Sex | Female | Color or Race | White | Birth-place | Ireland |
| Occupation | Invalid | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband <i>Anthony Coyle</i> | | | |
| Father's Name | <i>Thomas Connolly</i> | | | Father's Birthplace | <i>Ireland</i> |
| Mother's Maiden Name | <i>Kate Early</i> | | | Mother's Birthplace | " |
| Name of person giving information | <i>Paul W. Coyle</i> | | | How related to deceased | <i>Daughter</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|--------------------------|
| Primary | <i>Fracture of hip joint 5 years ago</i> | How long | <i>2 years</i> |
| Immediate | <i>Asthma, Bronchitis</i> | How long | <i>Immediate</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Henry H. H. H. H.</i> |
| | | Address | <i>Lonaconing, Md.</i> |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

Daisy Crawford

TO BE ANSWERED BY
NEAREST FRIEND

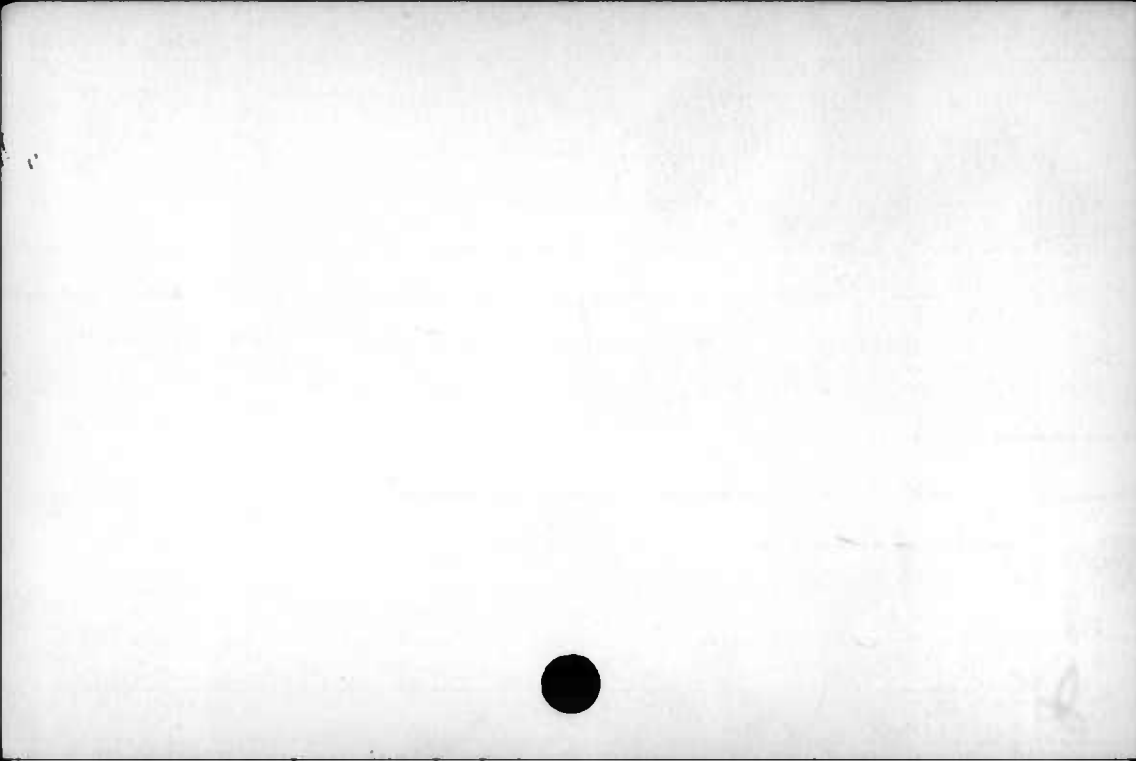
| | | | | | |
|---|-----------------------------|------------------------------------|--|----------------------------|--------------------------|
| Died at <i>Cumberland</i> ^{Town} | | <i>Alleghany</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | <i>Jan</i> ^{Month} | <i>9</i> ^{Day} | Age <i>4</i> ^{Years} | <i>6</i> ^{Months} | <i>2</i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Md</i> | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>—</i> | | | Name of Wife or Husband <i>—</i> | | |
| Father's Name <i>Wm. S. Crawford</i> | | | Father's Birthplace <i>Neb</i> | | |
| Mother's Maiden Name <i>Willow</i> | | | Mother's Birthplace <i>N. Va.</i> | | |
| Name of person giving information <i>W. S. Crawford</i> | | | How related to deceased <i>Father</i> | | |

DS

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Acute Catarrhal Laryngitis</i> | How long <i>2 days</i> |
| Immediate <i>Exhaustion</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. L. Broadnax M.D.</i> |
| | Address <i>Cumberland Md.</i> |
| Accident or Suicide? <i>No</i> | <i>8 to 10</i> |



Name

In

Full

Castano Drinca. JAN 2 1907

CERTIFICATE OF DEATH

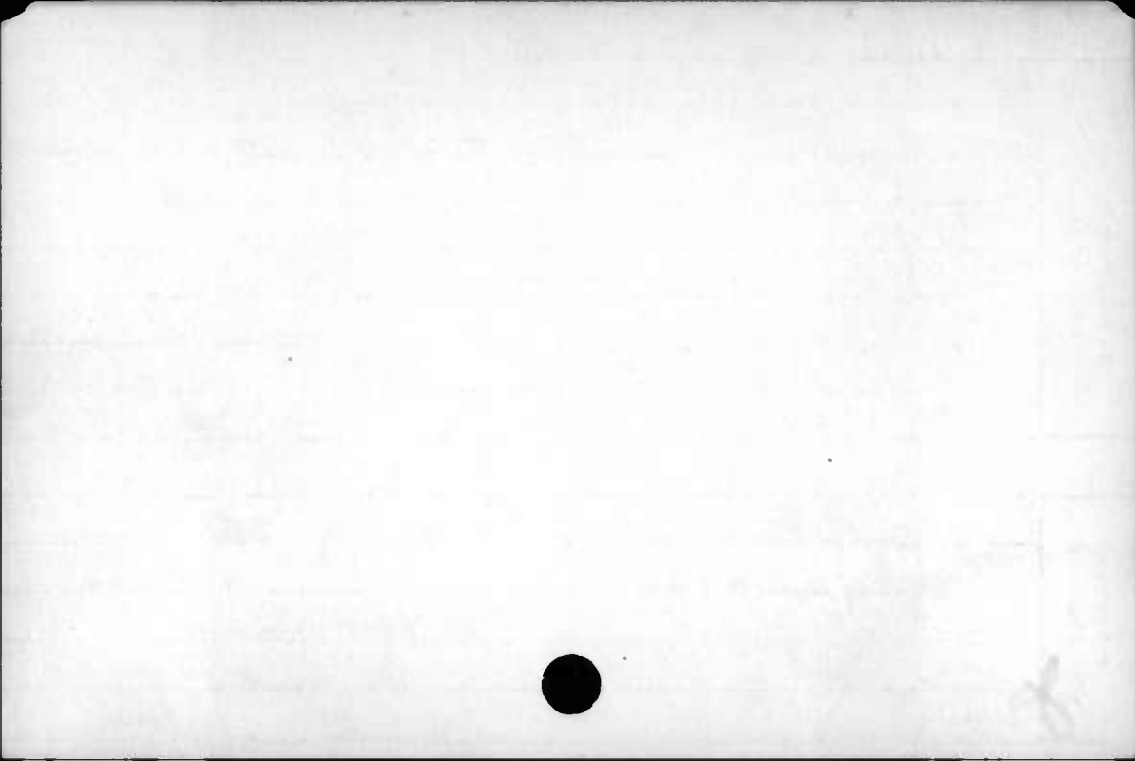
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------|-------------------------|---|----------------|-------|
| Died at <i>Capitol Md</i> | | County <i>Allegheny</i> | | MARYLAND | |
| Date of death | 1907 | Month | Day | Age | Years |
| Sex | Male | Color or Race | White | Place of Birth | Italy |
| Occupation | Laborer | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Unknown | Name of Wife or Husband | Unknown | | |
| Father's Name | Unknown | | Father's Birthplace | Unknown | |
| Mother's Maiden Name | Unknown | | Mother's Birthplace | " " " | |
| Name of person giving information | G.S. Butler | | How related to deceased | None | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|------------------------|------------|
| Primary | accident | How long | (166) |
| Immediate | Shock following accident | How long | 1 1/2 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Injured in wreck on R.R. | | H.S. Taylor | |
| Accident or Suicide? | | Address | |
| | | per G.S. 12. | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---|--|------------------------|--|
| Died at <i>Emma</i> Town <i>June Egan</i> County <i>Whe</i> | | MARYLAND | |
| Date of death <i>1904</i> | Month <i>Jan</i> | Day <i>2</i> | Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>24</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Ind</i> | |
| Occupation <i>—</i> | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>—</i> | Name of Wife or Husband <i>—</i> | | |
| Father's Name <i>Charles Egan</i> | Father's Birthplace <i>Ohio</i> | | |
| Mother's Maiden Name <i>Edna Nelson</i> | Mother's Birthplace <i>Pa</i> | | |
| Name of person giving information <i>Charles Egan</i> | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Malformation of The heart</i> | How long <i>24 Days</i> |
| Immediate <i>Cyanosis</i> | How long <i>5 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>@ H. Mace</i> |
| | Address <i>Quincy Ind</i> |
| <i>J. Stein</i> Accident or Suicide? | |

12 grate st

TO BE ANSWERED BY
NEAREST FRIEND

Maddred B. England
Died at Frostburg County
Date of death 1901 Jan 18 Age 90
Sex F Color or Race W Birthplace Frostburg Md
Occupation _____ Where Residing if not at place of death _____
Married, Single _____ Name of Wife or Husband _____
Father's Name Owen England Father's Birthplace Frostburg Md
Mother's Maiden Name Clara England Mother's Birthplace Ind
Name of person giving information Owen L. England How related to deceased Father

CERTIFICATE OF DEATH

MARYLAND

CAUSES OF DEATH

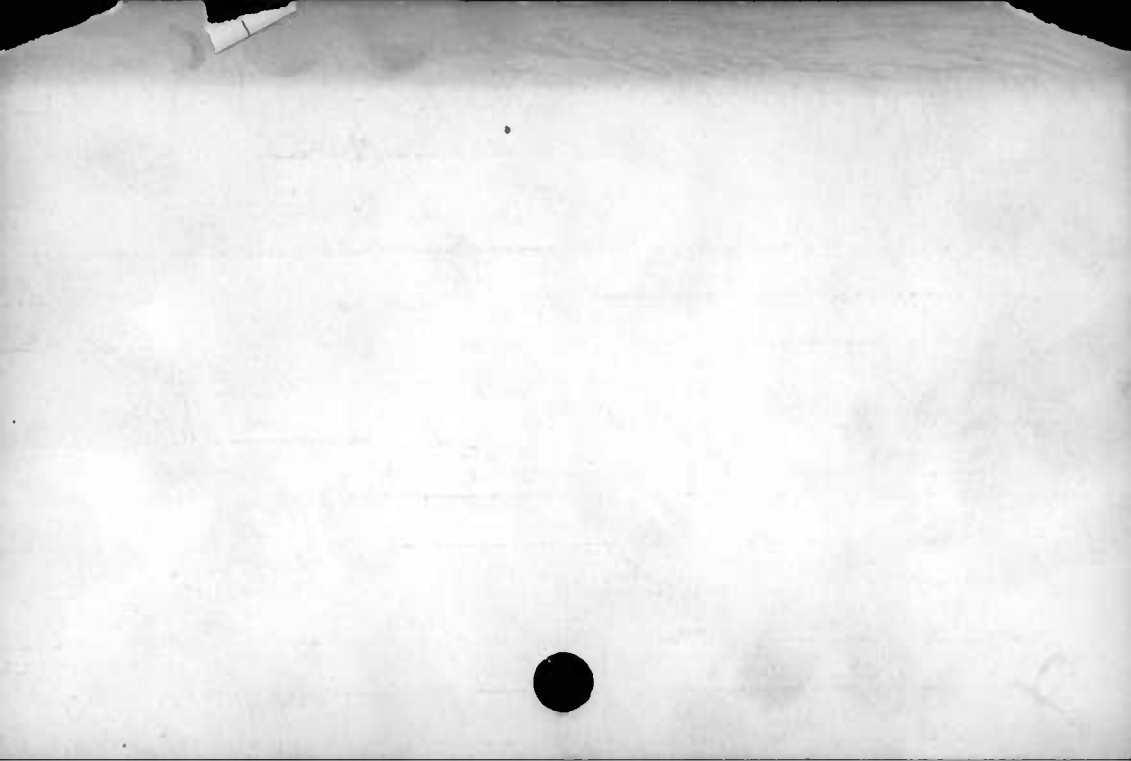
PHYSICIAN
OR CORONER

Primary Exp. Bronchitis How long 2 days
Immediate Convulsions How long _____
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Angela Capassa Esposito

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

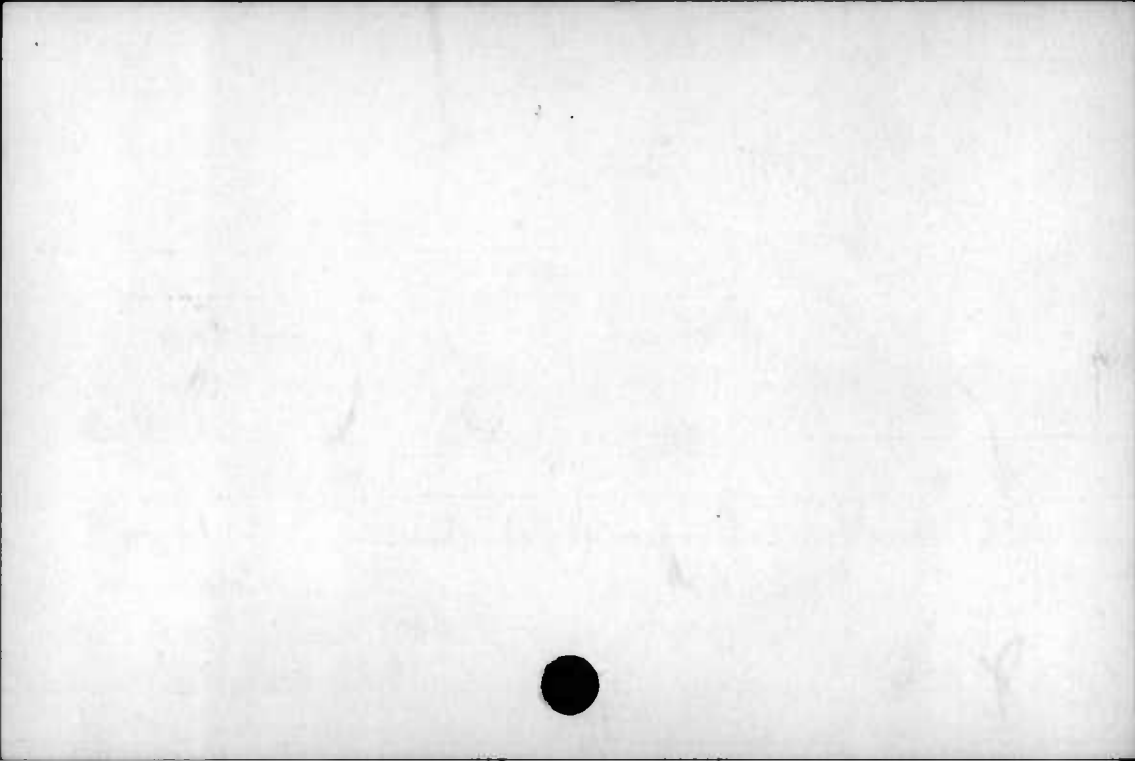
| | | | | | | | |
|---------------------------------------|-----------------|------------------|------------------------------------|--|-------------|----------------------------|---------|
| Died at | | Town Bundland | | County Allegheny | | MARYLAND | |
| Date of death | 1907 | Month Jan | Day 14 | Age 24 | Months - | Days - | |
| Sex | Female | | Color or Race | Italian | | Birth- place | Italy |
| Occupation | Wife | | | Where Residing if not at place of death - | | | |
| Married, Single or Widowed | Married | | Name of Wife Husband | Rofi Esposito | | | |
| Father's Name | Antonio Capassa | | | | | Father's Birthplace | Italy |
| Mother's Maiden Name | Don't know | | | | | Mother's Birthplace | " |
| Name of person giving In formation | Rofi Esposito | | | | | How related to deceased | Husband |

CAUSES OF DEATH

| | | | | |
|-----------|---------------------|----------|----|-------------------|
| Primary | Carcinoma of Kidney | How long | 45 | Caunt get history |
| Immediate | 3rd Lungs tion | How long | - | |

PHYSICIAN
OR CORONER

| | | |
|---|---------------------------|----------|
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | Address |
| 8 | E. B. Leaybrook | Bundland |
| Accident or Suicide? | | Italy |



Name
in
Full

Steven Eukhas

CERTIFICATE OF DEATH

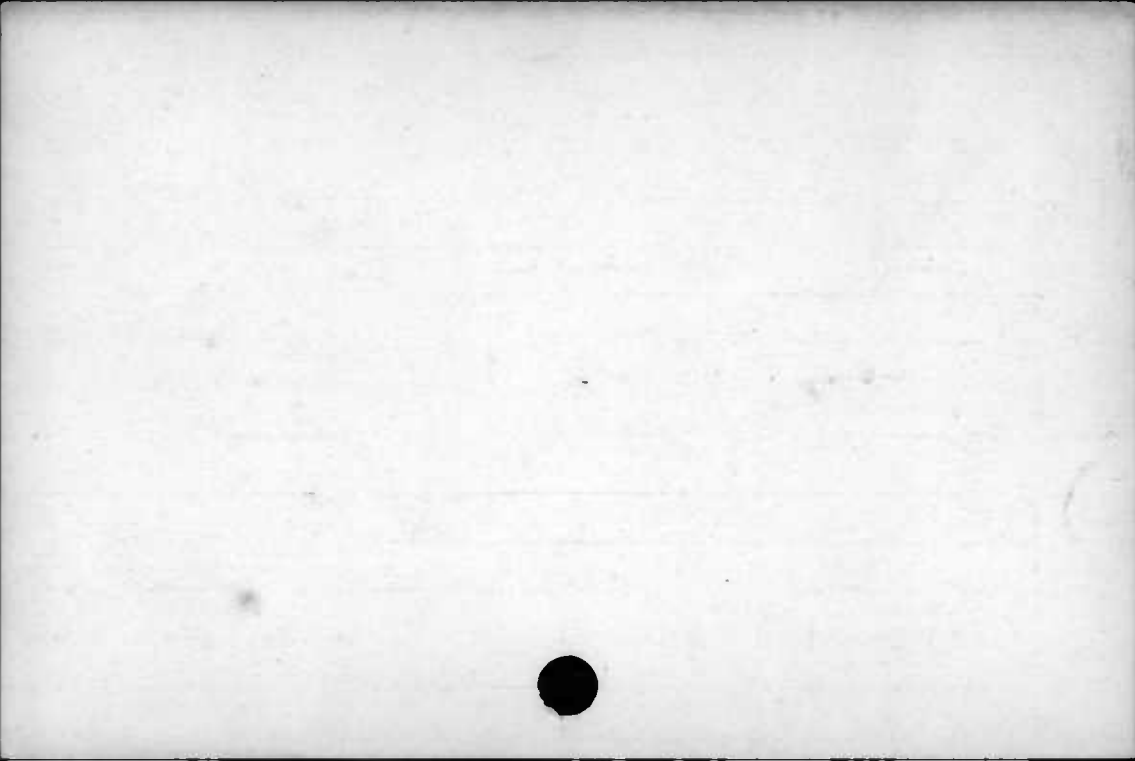
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|----------------------------------|--|-----------------|----------------|
| Died at <u>Sord</u> Town | | <u>Allegheny</u> County | | MARYLAND | |
| Date of death <u>1907</u> | Month <u>Jan</u> | Day <u>26</u> | Age <u>—</u> Years | Months <u>6</u> | Days <u>20</u> |
| Sex <u>male</u> | Color or Race <u>white</u> | | Birth-place <u>Sord Md</u> | | |
| Occupation <u>—</u> | | | Where Residing if not at place of death <u>—</u> | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Andy Eukhas</u> | | | Father's Birthplace <u>Austro Hungary</u> | | |
| Mother's Maiden Name <u>Archie Ceddwick</u> | | | Mother's Birthplace <u>Austro-Hungary</u> | | |
| Name of person giving information <u>Andy Eukhas</u> | | | How related to deceased <u>father</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Prematurity - Mal-nutrition</u> | How long <u>from Birth</u> |
| Immediate <u>Enteric Colitis</u> | How long <u>one week</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>James C. Bullock M.D.</u> |
| | Address <u>Immaculata Maryland</u> |
| Accident or Suicide? <u>no -</u> | |



Name
in
Full

Andy Eukas Jr

CERTIFICATE OF DEATH

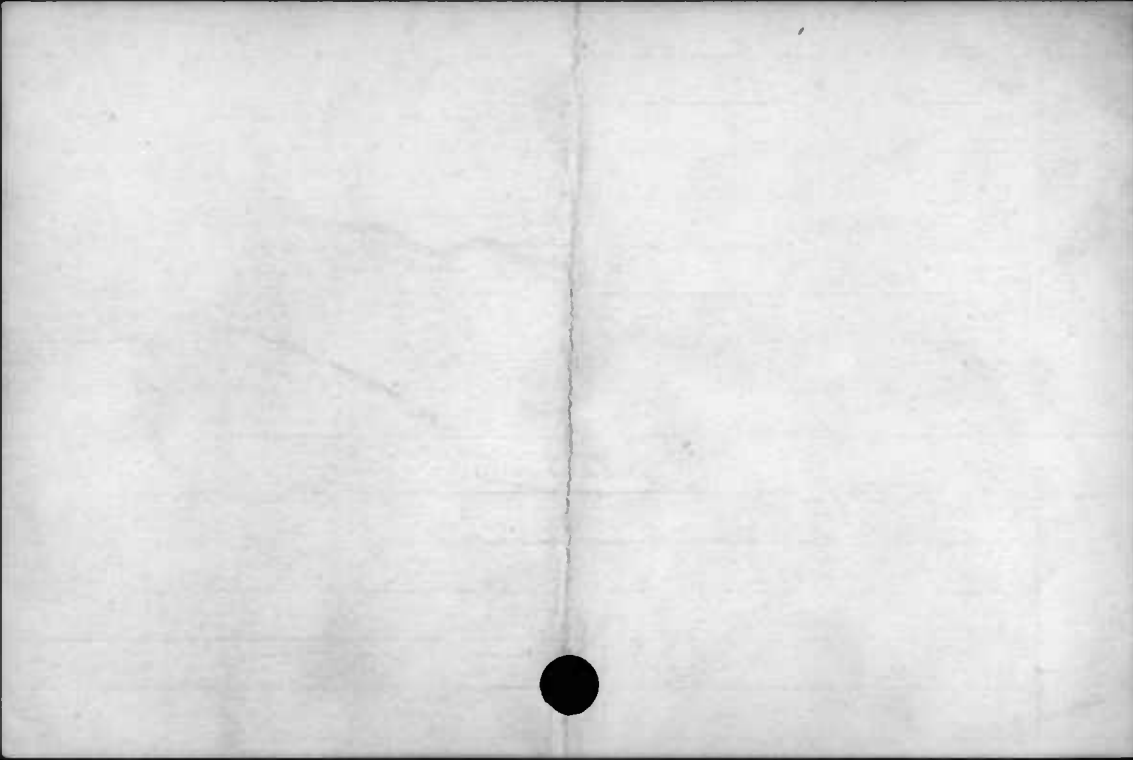
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------------------|--|---|--------------------------|--------------------|
| Died at <i>Sora</i> <small>Town</small> | | <i>Allegheny</i> <small>County</small> | | MARYLAND | |
| Date of death | <i>1907</i> | Month <i>June</i> | Day <i>19</i> | Age Years <i>—</i> | Months <i>6</i> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Sord</i> | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Andy Eukas</i> | | | Father's Birthplace <i>Austria Hungary</i> | | |
| Mother's Maiden Name <i>Archie Celsnick</i> | | | Mother's Birthplace <i>Austria Hungary</i> | | |
| Name of person giving information <i>Andy Eukas Jr.</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Leathin - Enter. Colic</i> | How long <i>105</i> <small>days</small> |
| Immediate <i>spasms</i> | How long <i>4 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>James O. Bullock Jr.</i> |
| | Address <i>Sonacoring, Maryland</i> |
| Accident or Suicide? <i>no</i> | |



Name
in
Full

Infant of Wm Fishell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------|------------------------|--|-------------------------|---------------|
| Died at <u>Cumtob</u> Town | | <u>Allen</u> County | | MARYLAND | |
| Date of death | <u>1907</u> | Month | <u>Jan</u> | Day | <u>9</u> |
| Age | | Years | <u>—</u> | Months | <u>—</u> |
| Sex | | <u>male</u> | Color or Race | <u>white</u> | Birth-place |
| Occupation | | <u>none</u> | Where Residing If not at place of death <u>—</u> | | |
| Married, Single or Widowed | | <u>single</u> | Name of Wife or Husband <u>—</u> | | |
| Father's Name | | <u>Wm Fishell</u> | | Father's Birthplace | <u>va</u> |
| Mother's Maiden Name | | <u>Lillian Bennett</u> | | Mother's Birthplace | <u>md</u> |
| Name of person giving information | | <u>Wm Fishell</u> | | How related to deceased | <u>father</u> |

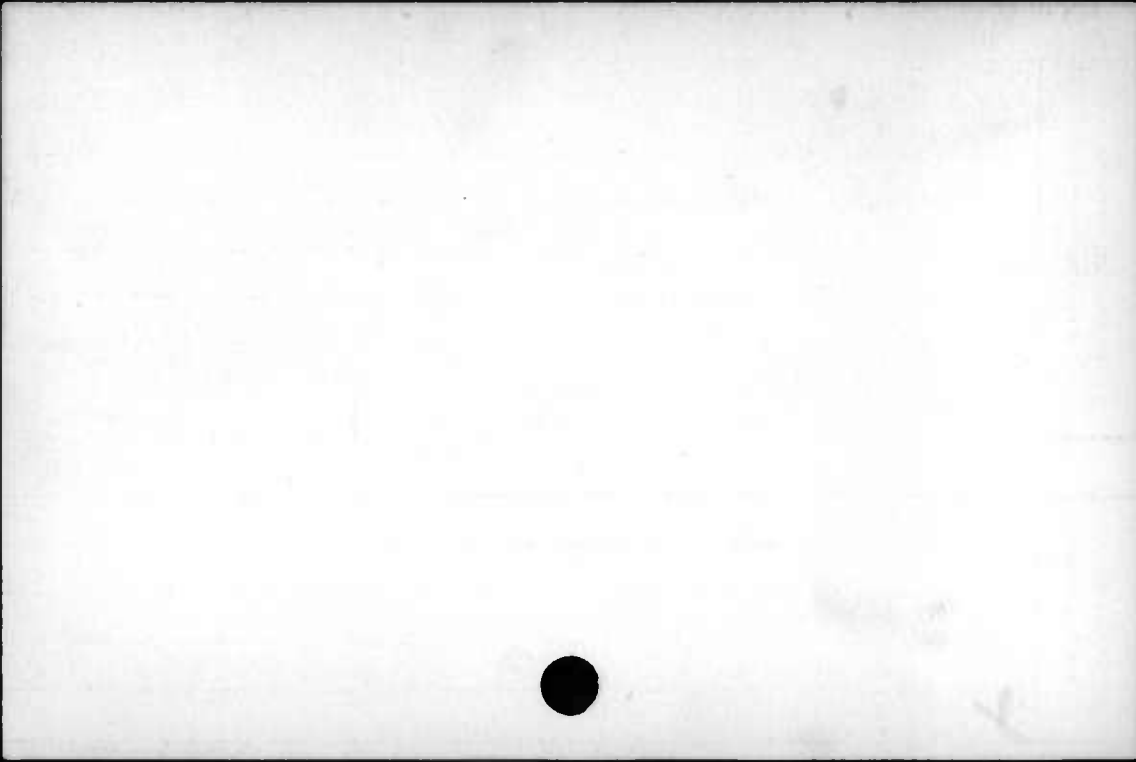
151

CAUSES OF DEATH

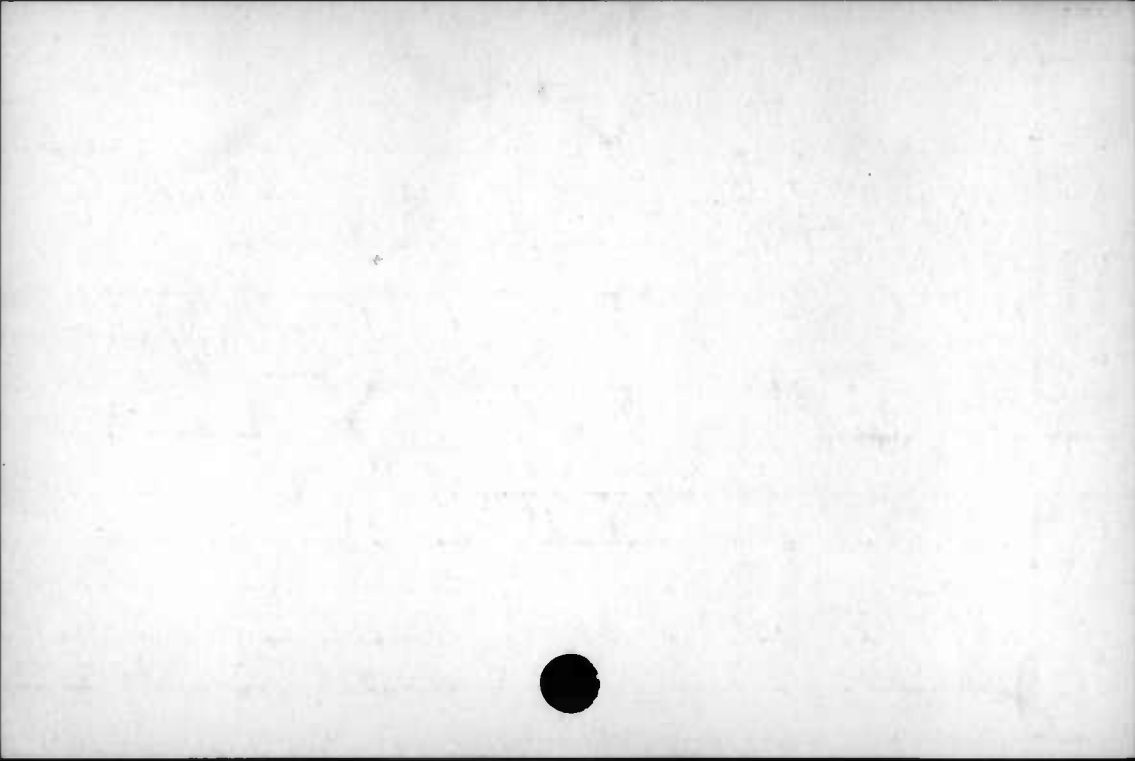
PHYSICIAN
OR CORONER

| | | | | |
|--|---|-----------------------|---|-----------------|
| Primary | <u>(Premature labor from fright) exhaustion</u> | | How long | <u>2 days</u> |
| Immediate | <u>Spasms</u> | | How long | <u>24 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? | | <u>yes</u> | Signature of Physician <u>@ H. Bruce Jr D</u> | |
| Address | | <u>H.O. Allen Co.</u> | | |
| Accident or Suicide? | | <u>no</u> | <u>Cumtob md</u> | |

(mailed)



| Name in Full | | Horton | | | | CERTIFICATE OF DEATH | |
|---|--|---------------------|--------|--------------------------------|-------------------------------|-----------------------|------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Barton | | Alleg. | | MARYLAND | |
| | Date of death 1907 | Month Jan | Day 14 | Age | Years | Months | Days |
| | Sex | Female | | Color or Race white | | Birth-place Alleg. Co | |
| | Married, Single or Widowed | | | | Occupation | | |
| | Name of Wife or Husband | | | | | | |
| | Father's Name James Horton | | | | Father's Birthplace Alleg. Co | | |
| | Mother's Maiden Name Maggie Mayhew | | | | Mother's Birthplace Alleg. Co | | |
| Name of person giving information Maggie Horton | | | | How related to deceased Mother | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Premature Birth 151 | | | | How long | |
| | Immediate | | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | yes | | |
| | Signature of Physician | | | | J. S. M. M. M. | | |
| | Address | | | | Barton | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

Thomas Green

CERTIFICATE OF DEATH

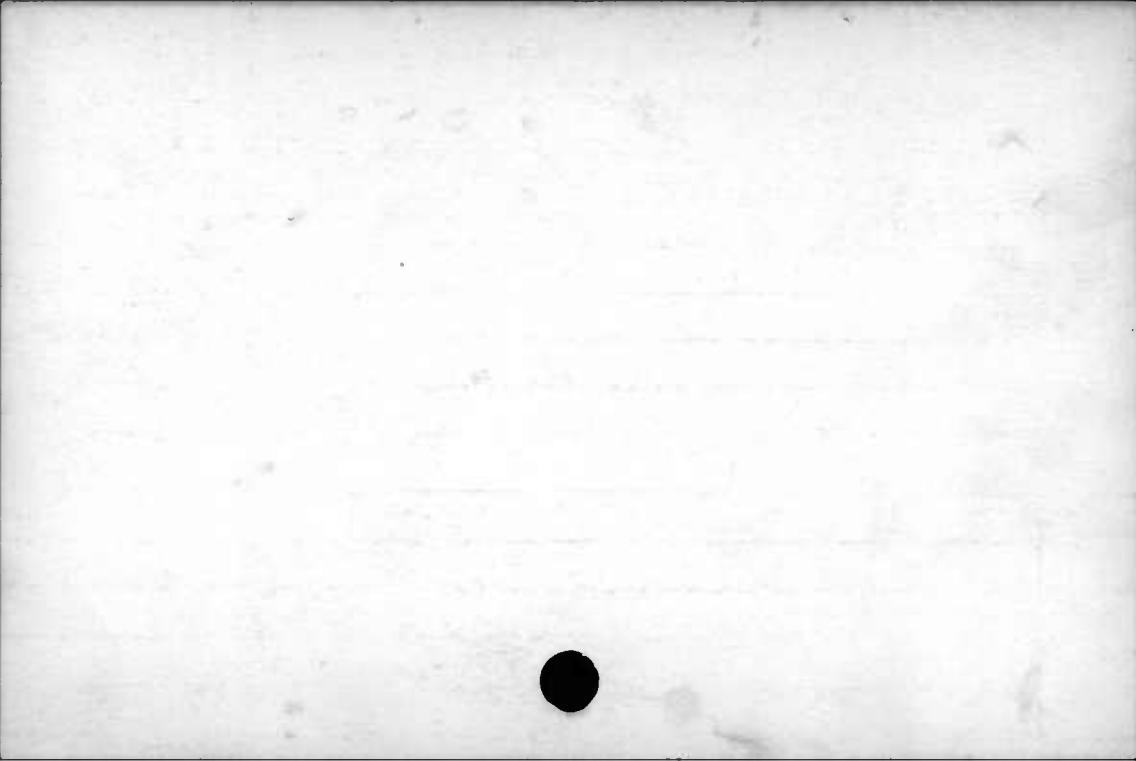
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------------------|---|-------|-------------|-------------------------|
| Died at <u>Lonaconing</u> Town | | <u>Alleghany</u> County | | MARYLAND | |
| Date of death | 1907 | Month | Jan | Day | 19 |
| Age | 8 | Years | | Months | |
| Sex | Male | Color or Race | White | Birth-place | Lonaconing |
| Occupation | School boy | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Thomas E. Green | | | | Father's Birthplace |
| Mother's Maiden Name | Mary Donald | | | | Mother's Birthplace |
| Name of person giving information | Joe Donald | | | | How related to deceased |
| Grandfather | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|---------------------|-------------|
| Primary | Inflammatory Rheumatism | How long | Eight weeks |
| Immediate | Endocarditis | How long | Two weeks |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | W. S. Skilling M.D. | |
| Address | | Lonaconing | |
| Accident or Suicide? | | No | |



Name
In
Full

CERTIFICATE OF DEATH

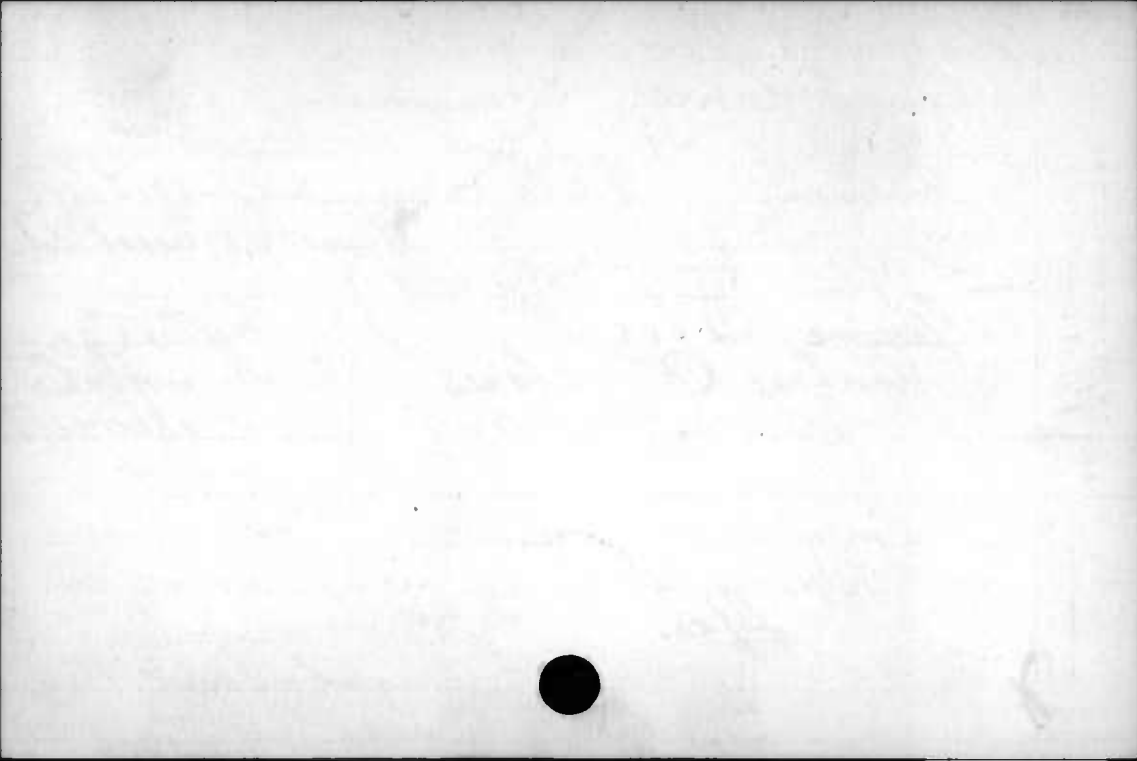
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|----------------|---------------|---------|---|-------|----------|--------|--------|------|
| Died at <i>Cumma</i> | | Town | | County | | MARYLAND | | | |
| Date of death | 1907 | Month | July | Day | 7 | Age | Years | Months | Days |
| Sex | Male | Color or Race | Colored | Birth-place | Cumma | | | | |
| Occupation | - | | | Where Residing if not at place of death | | | - | | |
| Married, Single or Widowed | - | | | Name of Wife or Husband | | | - | | |
| Father's Name | Frank Hairston | | | Father's Birthplace | | | Va | | |
| Mother's Maiden Name | Albia Harris | | | Mother's Birthplace | | | Va | | |
| Name of person giving information | Frank Hairston | | | How related to deceased | | | Father | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------------|------------------------|---------------------------|
| Primary | <i>Injury in force of delivery</i> | How long | |
| Immediate | <i>Cerebral compression</i> | How long | <i>Six hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>Surgeon General D.</i> |
| | | Address | <i>63 N. Mechanic</i> |
| Accident or Suicide? | | | |



Name
in
Full

Bertha Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|---------------|--|---------------------------------------|-----------------|---------------|--|
| Died at <i>Cumtā</i> | | Town | | County <i>Allegheny</i> | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Jan</i> | Day <i>19</i> | Age | Years <i>-</i> | Months <i>7</i> | Days <i>-</i> | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Cumtā</i> | | | | |
| Occupation <i>-</i> | | | Where Residing if not at place of death <i>-</i> | | | | |
| Married, Single or Widowed <i>-</i> | | | Name of Wife or Husband <i>-</i> | | | | |
| Father's Name <i>Harry Hamilton</i> | | | | Father's Birthplace <i>Cumtā</i> | | | |
| Mother's Maiden Name <i>Matilda Kato</i> | | | | Mother's Birthplace <i>Cumtā</i> | | | |
| Name of person giving information <i>Harry Hamilton</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

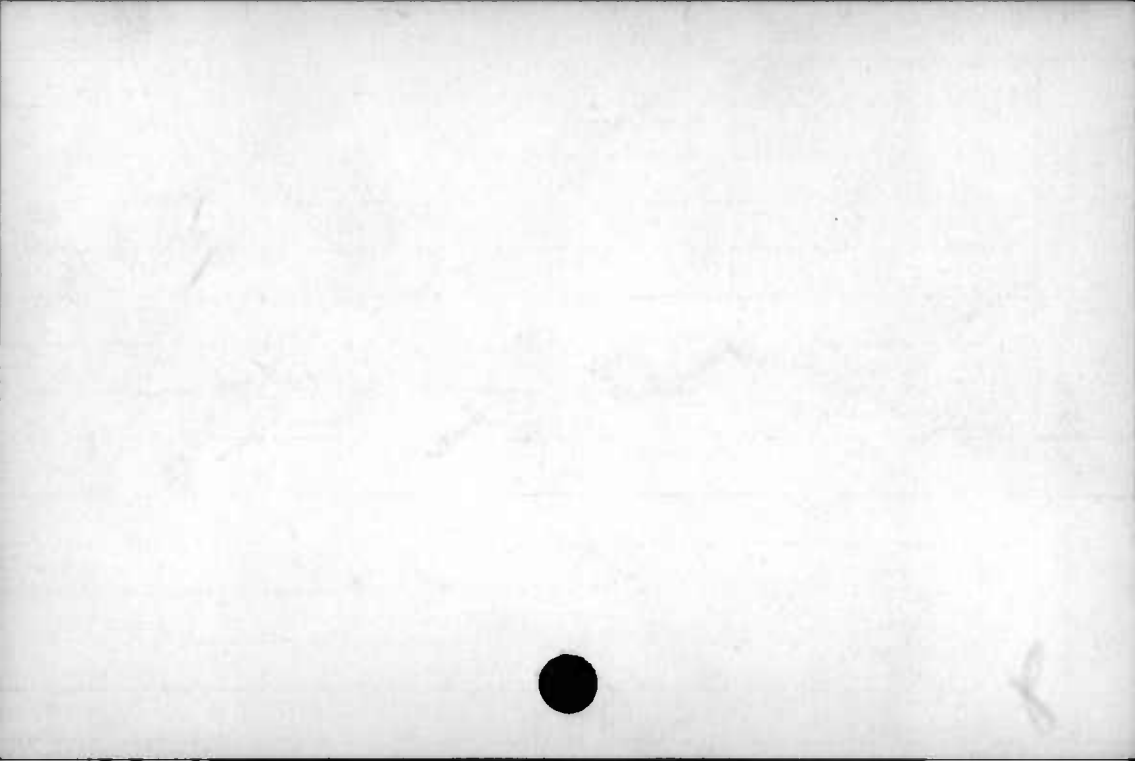
Signature of Physician

Address

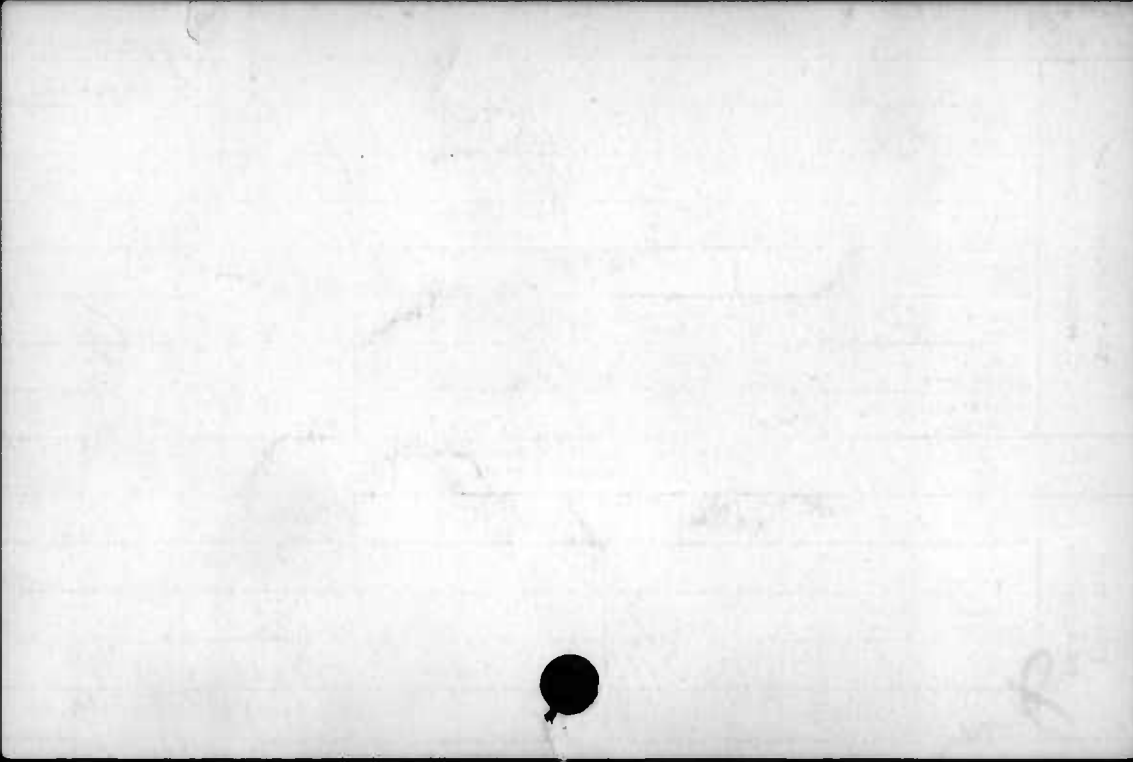
Accident or Suicide?

LOUISIANA

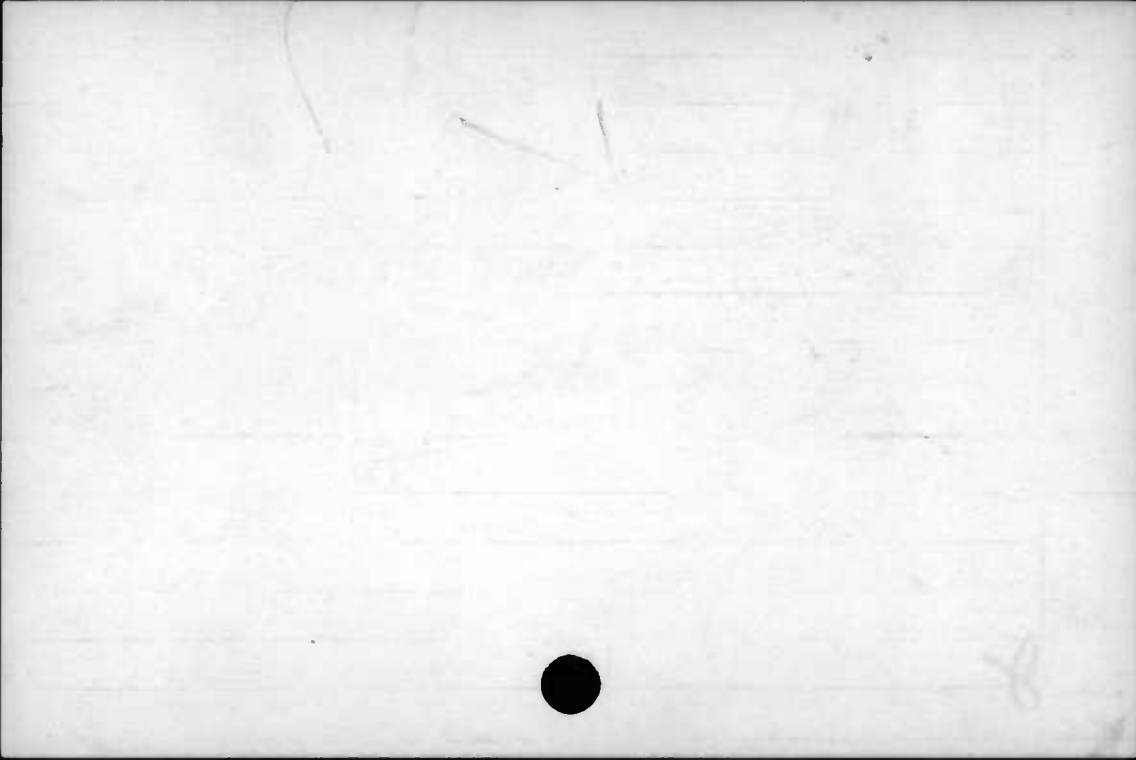
Koon



| | | | | | | | |
|---|--|--|--|-------------------------------------|--|--------------------------|--|
| Name in Full Rebecca A Hedding | | Town Cumberland | | County Accomack | | STATE MARYLAND | |
| Died at Cumberland | | Month 1 | | Day 31 | | Years 74 | |
| Date of death 1907 | | Months — | | Days — | | | |
| Sex Female | | Color or Race White | | Birth-place Libesville Pa | | | |
| Occupation Housekeeper | | Where Residing if not at place of death Cumberland Md. | | | | | |
| Married, Single or Widowed Yes | | Name of Wife or Husband John S. Hedding | | | | | |
| Father's Name George Lipes | | Father's Birthplace Truitt Co. | | | | | |
| Mother's Maiden Name Rachael Cornelius | | Mother's Birthplace Maryland | | | | | |
| Name of person giving information John S. Hedding | | How related to deceased Husband. | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Tuberculosis (Pulmonary) | | How long 25 years | | | | | |
| Immediate Broco-Influenza | | How long 4 days | | | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes. | | Signature of Physician H. W. Hedding | | Address Cumberland Md | | | |
| Accident or Suicide? No | | | | | | | |



| | | | | | | | | | | |
|---|---|--|---|--|---|-------------------------------|------------------|----------------------|--------------------|--|
| Name in Full James Hendry | | Town Louisa | | | | County Pittsylvania | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at Louisa | | Month June | | Day 1 | | Age 65 | | Months — | |
| | Date of Death 1907 | | Year 1907 | | Years — | | Days — | | Days — | |
| | Sex male | | Color or Race White | | Birth-place Scotland | | | | | |
| | Occupation none | | | | Where Residing if not at place of death — | | | | | |
| | Married, Single or Widowed Widowed | | Name of Wife Marion Smith (deceased) | | | | | | | |
| | Father's Name Peter Hendry | | Father's Birthplace Scotland | | | | | | | |
| Mother's Maiden Name Elizabeth Ryd | | Mother's Birthplace " | | | | | | | | |
| Name of person giving information Mrs Wm Hunter | | How related to deceased Daughter | | | | | | | | |
| CAUSES OF DEATH | | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary Chronic Bronchitis | | How long 64 | | How long Two years | | | | | |
| | Immediate Apoplexy | | How long 728 | | How long Sudden | | | | | |
| | Are the name, age, sex, color, date and place correctly given above Yes | | Signature of Physician W. Q. Skilling | | Address Louisa | | | | | |
| | Accident or Suicide? No | | | | | | | | | |



Name
in
Full

Eugene Gibbons Hrdel

CERTIFICATE OF DEATH

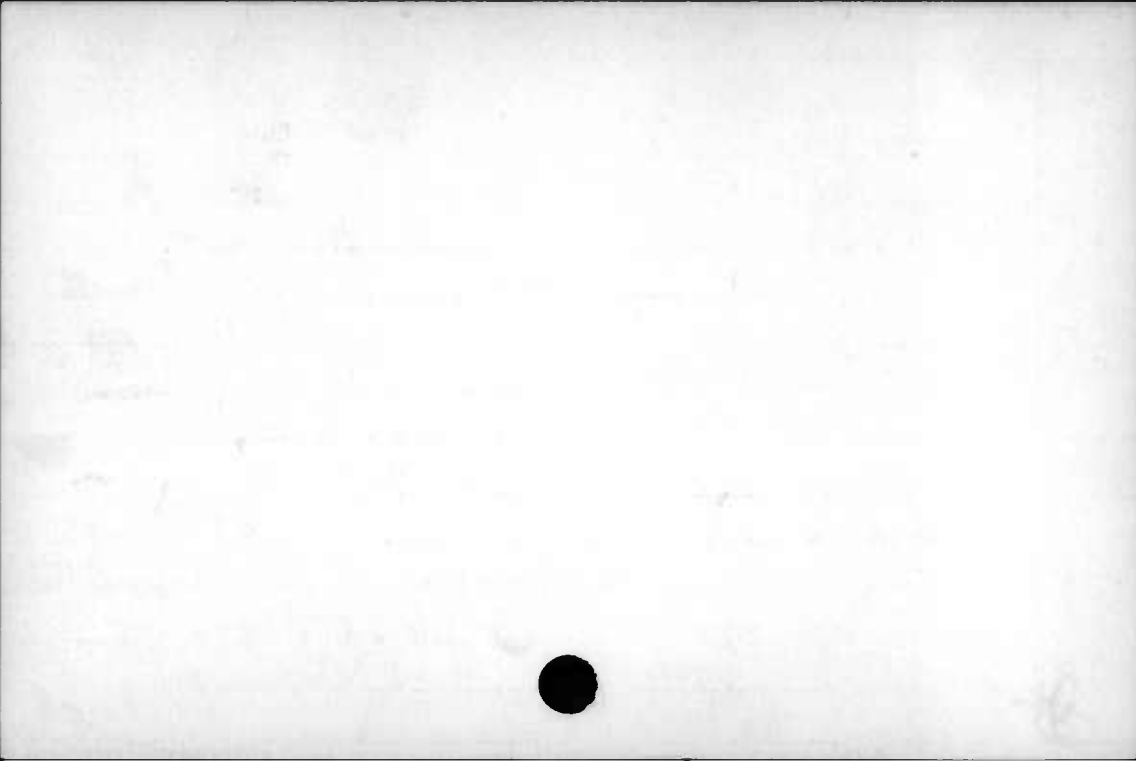
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|------|-------|----------------------|---|---|-------------------------|-------|-------------|----|
| Died at <u>Chumb</u> Town | | | County <u>Allegh</u> | | | MARYLAND | | | |
| Date of death | 1907 | Month | Jan | Day | 4 | Age | Years | 3 | |
| Sex | | Male | | Color or Race | | White | | Birth-place | md |
| Occupation | | | | Where Residing if not at place of death | | | | | |
| None | | | | — | | | | | |
| Married, Single or Widowed | | | Single | | | Name of Wife or Husband | | | — |
| Father's Name | | | | | | Father's Birthplace | | | |
| Wm E Hrdel | | | | | | md | | | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | | | |
| Jennin Kelso | | | | | | md | | | |
| Name of person giving information | | | | | | How related to deceased | | | |
| Wm E Hrdel | | | | | | father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------|------------------------|---------|
| Primary | Scald, head, shoulder & chest | How long | 12 days |
| Immediate | Exhaustion & coma | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | A. H. Brace | |
| Address | | Chumb | |
| Accident or Suicide? | | no | |
| | | md | |



Name
in
Full

CERTIFICATE OF DEATH

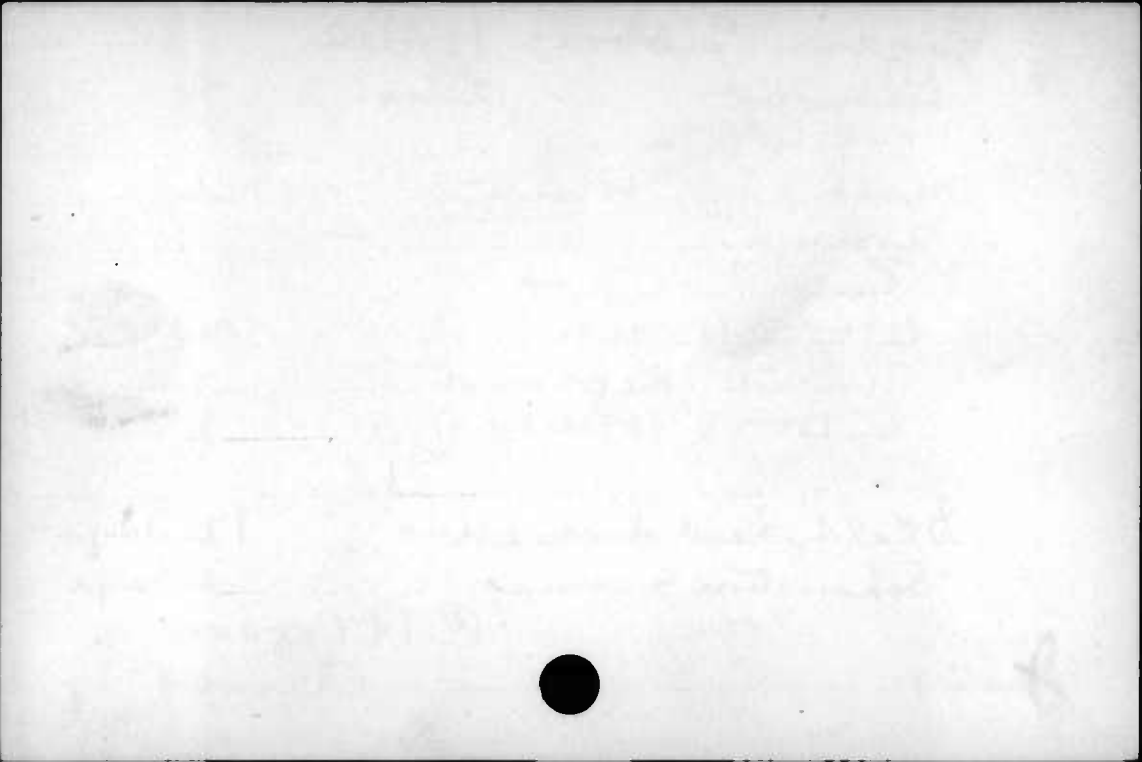
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---------------------------------|----------------------------------|--|----------------------------|--------------------------|
| Died at <i>4 Westburg</i> ^{Town} | | <i>Alleg</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | <i>January</i> ^{Month} | <i>18</i> ^{Day} | Age <i>14</i> ^{Years} | <i>2</i> ^{Months} | <i>—</i> ^{Days} |
| Sex <i>F</i> | Color or Race <i>W</i> | | Birth place <i>Westburg</i> | | |
| Occupation <i>School girl</i> | | | Where Residing if not at place of death <i>X</i> | | |
| <input checked="" type="checkbox"/> Married, Single or Widowed | | Name of Wife or Husband <i>X</i> | | | |
| Father's Name <i>Wm James</i> | | | Father's Birthplace <i>Alleg Co. Ind</i> | | |
| Mother's Maiden Name <i>Elizabeth Sharp</i> | | | Mother's Birthplace <i>Alleg Co. Ind</i> | | |
| Name of person giving information <i>Wm James</i> | | | How related to deceased <i>Uncle</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------------|---|-------------------|
| Primary | <i>Valv. Heart Disease</i> | How long | <i>2nd time</i> |
| Immediate | <i>" "</i> | How long | <i>20 minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>[Signature]</i> | |
| | | Address <i>Westburg</i> | |
| Accident or Suicide? <i>8</i> | | | |



Name
in
Full

Samuel Kinney

CERTIFICATE OF DEATH

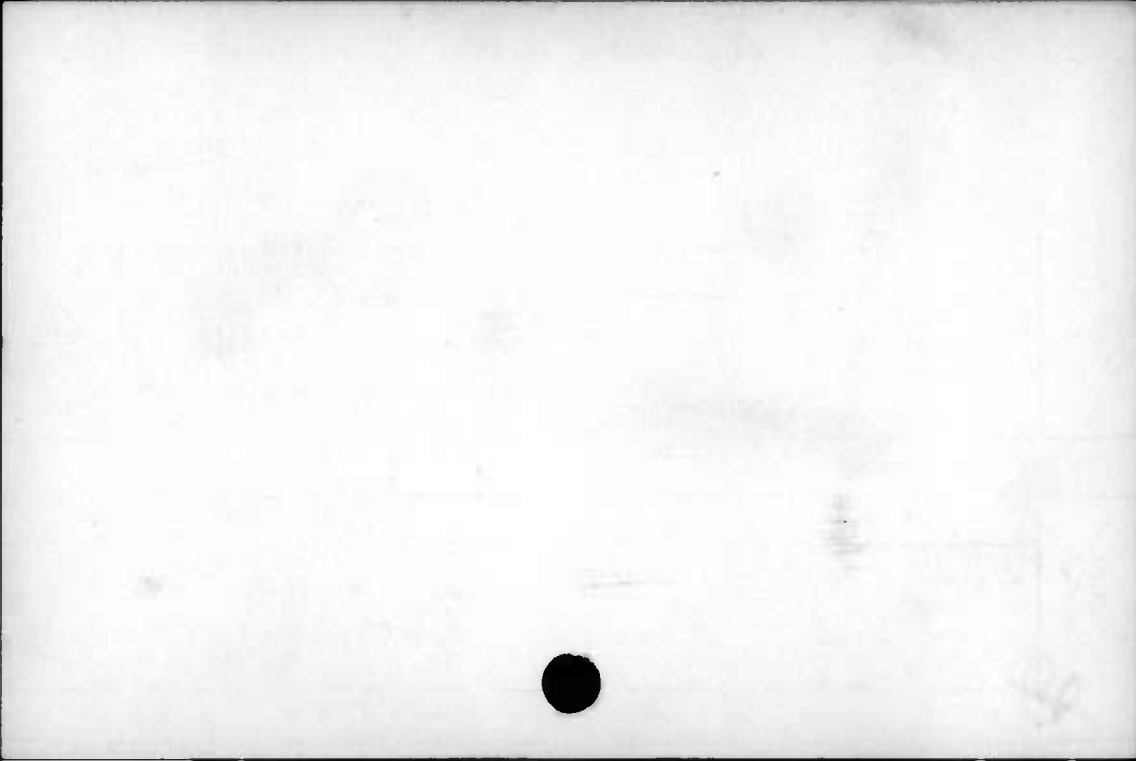
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1907 | | Jan | 26 | 84 | | | |
| Sex | | Color or Race | | Birth-place | | | |
| Male | | Colored | | Md. | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Laborer | | | | - | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Widower | | - | | Don't know ✓ | | | |
| Father's Name | | | | Father's Birthplace | | | |
| don't know | | | | | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| don't know | | | | | | | |
| Name of person giving information | | | | How related to deceased | | | |
| B. M. King | | | | none. | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------|------------------------|-----|
| Primary | old age | How long | 154 |
| Immediate | Exhaustion | How long | 154 |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | Dr. J. T. Turgg | |
| | | Address | |
| | | Cumberland | |
| | | Md. | |
| Accident or Suicide? | | | |



Name
in
Full

Henry Kohl.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|------------------|----------------------------|---------------|----------|--------|
| Died at | | Town <i>Cumberland</i> | | County <i>Allegheny</i> | | MARYLAND | |
| Date of death | | 1907 | Month <i>Jan</i> | Day <i>13</i> | Age <i>74</i> | Years | Months |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Germany</i> | | | |
| Occupation <i>Shoemaker</i> | | Where Residing if not at place of death <i>Germany</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Catharine Kohl Smith</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Germany</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Germany</i> | | | | | |
| Name of person giving information <i>Philip Kohl</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------------|---|--------------------|
| Primary | <i>La Grippe</i> | How long | <i>5 days</i> |
| Immediate | <i>Euphysema - syncope</i> | How long | <i>few minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>D. H. Bruce</i> | |
| | | Address <i>Cumbr</i> | |
| Accident or Suicide? <i>no</i> | | <i>Bruce</i> | |

3 Children

3 Son 2 daughter

Philip Boswell

Conrad Burgess Olive

Henry

Fizzie at home

Mrs Anna Hagar

38 Vally

Name
in
Full

Stephen Kovvitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton Town Alleg County

MARYLAND

Date of death 1907 Jan 28 Day 66 Age 8 Months 5 Days

Sex Male Color or Race white Birth-place Alleg Co

Married, Single or Widowed Married Occupation Miner & Laborer

Name of Wife & Rachel Durst Husband

Father's Name Jacob Kovvitz ✓ Father's Birthplace Alleg Co

Mother's Maiden Name Dorcas Ayers ✓ Mother's Birthplace Alleg Co

Name of person giving information Mrs Kovvitz How related to deceased Wife

CAUSES OF DEATH

Primary Bronchitis & Asthma 91 How long 18 months

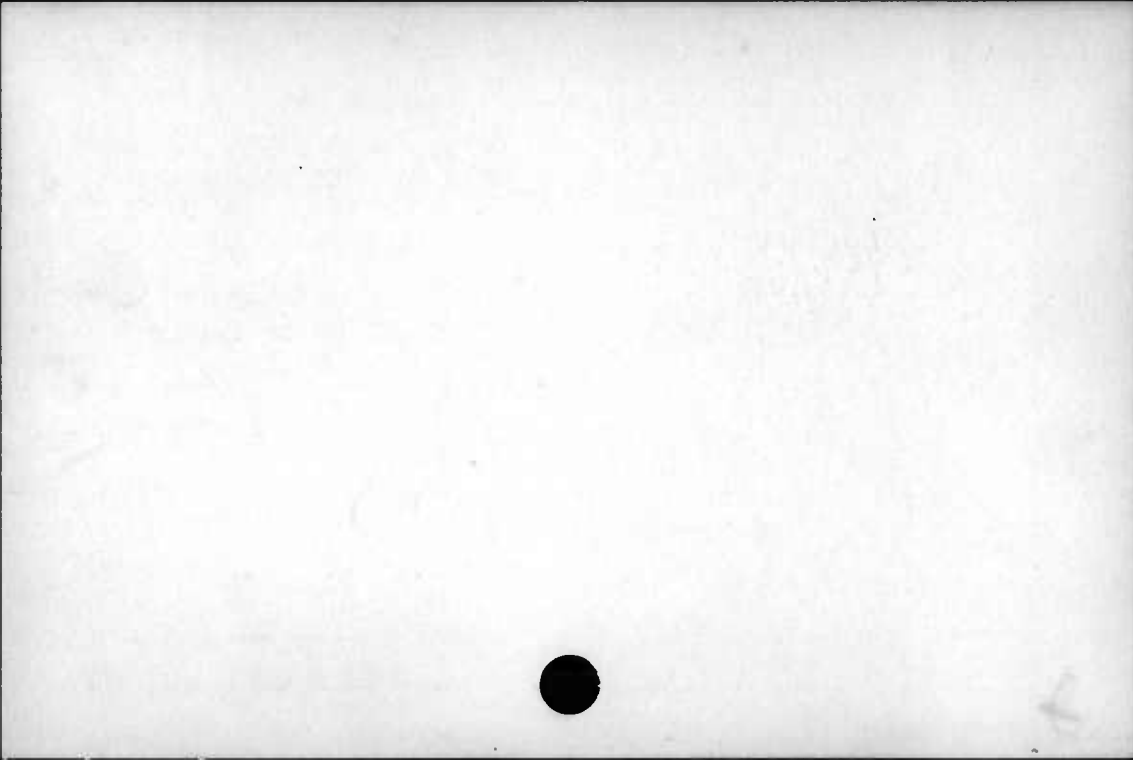
Immediate Acute Oedema of lungs How long About 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician D. G. Boncher

Address Barton

Accident or Suicide? No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

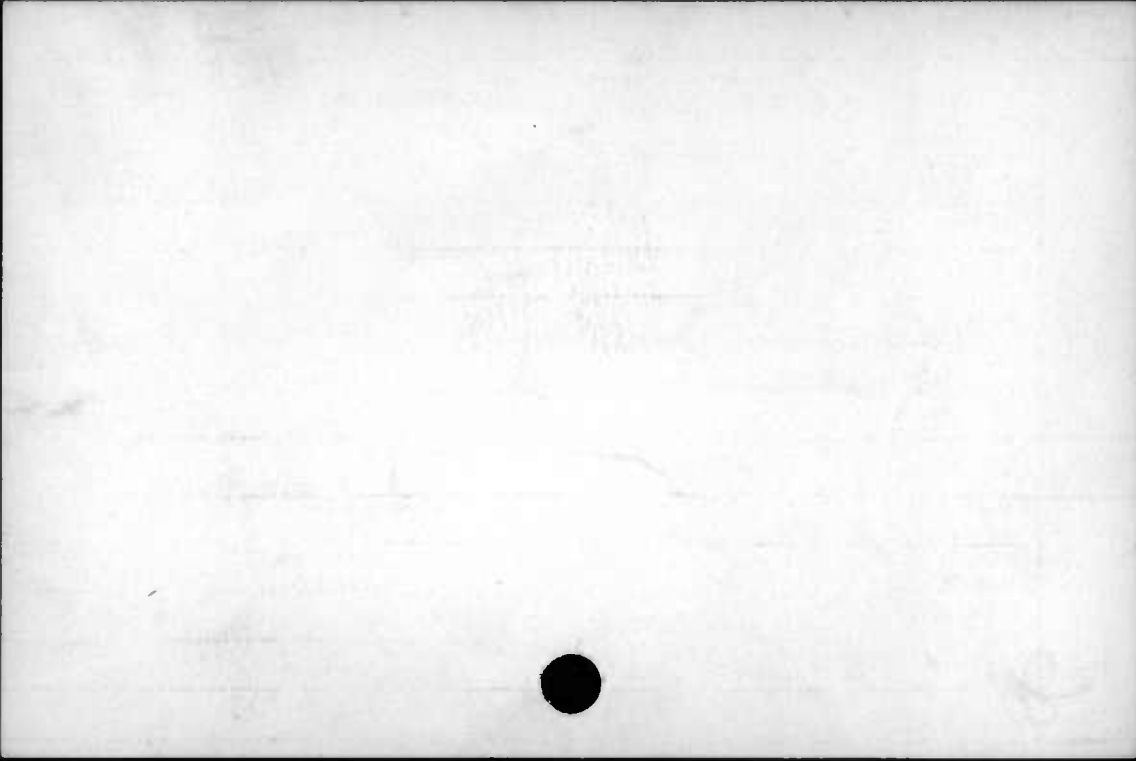
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|----------------------------|--|--|--|---------------|--|
| Name in Full <i>John Kuhns</i> | | Town <i>Cumt-d</i> | | County <i>Gregory</i> | | MARYLAND | |
| Died at <i>Cumt-d</i> | | Month <i>Jan'y</i> | | Day <i>19</i> | | Age <i>1</i> | |
| Date of death <i>1907</i> | | Months <i>-</i> | | Years <i>-</i> | | Days <i>-</i> | |
| Sex <i>male</i> | | Color or Race <i>White</i> | | Birth-place <i>Cumt-d</i> | | | |
| Occupation <i>-</i> | | | | Where Residing if not at place of death <i>-</i> | | | |
| Married, Single or Widowed <i>-</i> | | | | Name of Wife or Husband <i>-</i> | | | |
| Father's Name <i>Spencer Kuhns</i> | | | | Father's Birthplace <i>Pa</i> | | | |
| Mother's Maiden Name <i>Theodosia Bell</i> | | | | Mother's Birthplace <i>Wd</i> | | | |
| Name of person giving information <i>Spencer Kuhns</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------------------|------------------------------|-----------|-----------------|
| Primary | <i>Broncho-pneumonia</i> | How long | <i>92</i> | <i>Ten days</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>1</i> | <i>day</i> |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | |
| Signature of Physician | | <i>W. R. Hodge</i> | | |
| Address | | <i>Hodge, Cumberland Md.</i> | | |
| Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

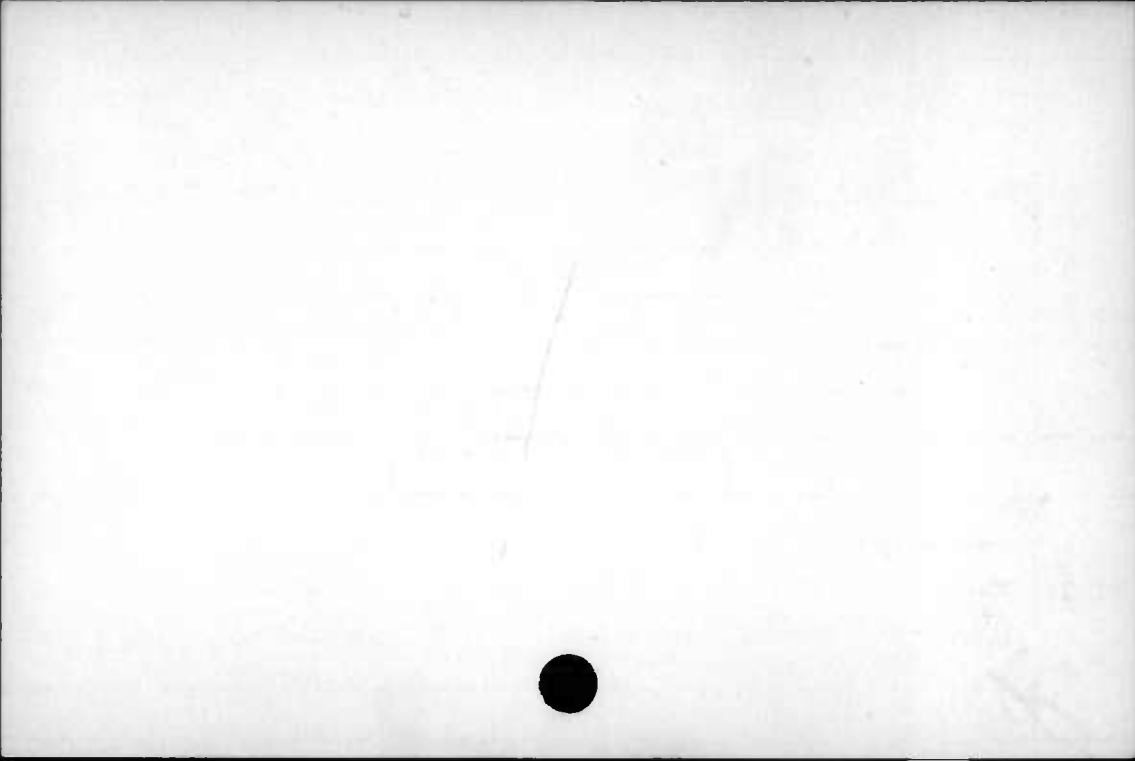
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-------------------------------|--|---|--|--------------------------|--|
| Name in Full Thelma Liller | | Town Lonaconing | | County Allegany | | State MARYLAND | |
| Died at Lonaconing | | Month Jan | | Day 22 | | Age 5 | |
| Date of death 1907 | | Month Jan | | Day 22 | | Age 5 | |
| Sex Female | | Color or Race White | | Birth place Lonaconing | | Days 7 | |
| Occupation — | | | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed — | | | | Name of Wife or Husband — | | | |
| Father's Name Wm Liller | | | | Father's Birthplace Aurora, Wis. | | | |
| Mother's Maiden Name Blanch Mc Crobia | | | | Mother's Birthplace Altamont, Ind. | | | |
| Name of person giving information Mrs. Wm Liller | | | | How related to deceased Brother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary Not seen | | How long 179 | |
| Immediate Yes | | How long — | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Henry S. Hodgson | |
| Address Lonaconing, Ind. | | Address Lonaconing, Ind. | |
| Accident or Suicide? 8 | | Accident or Suicide? — | |



Name
in
Full

CERTIFICATE OF DEATH

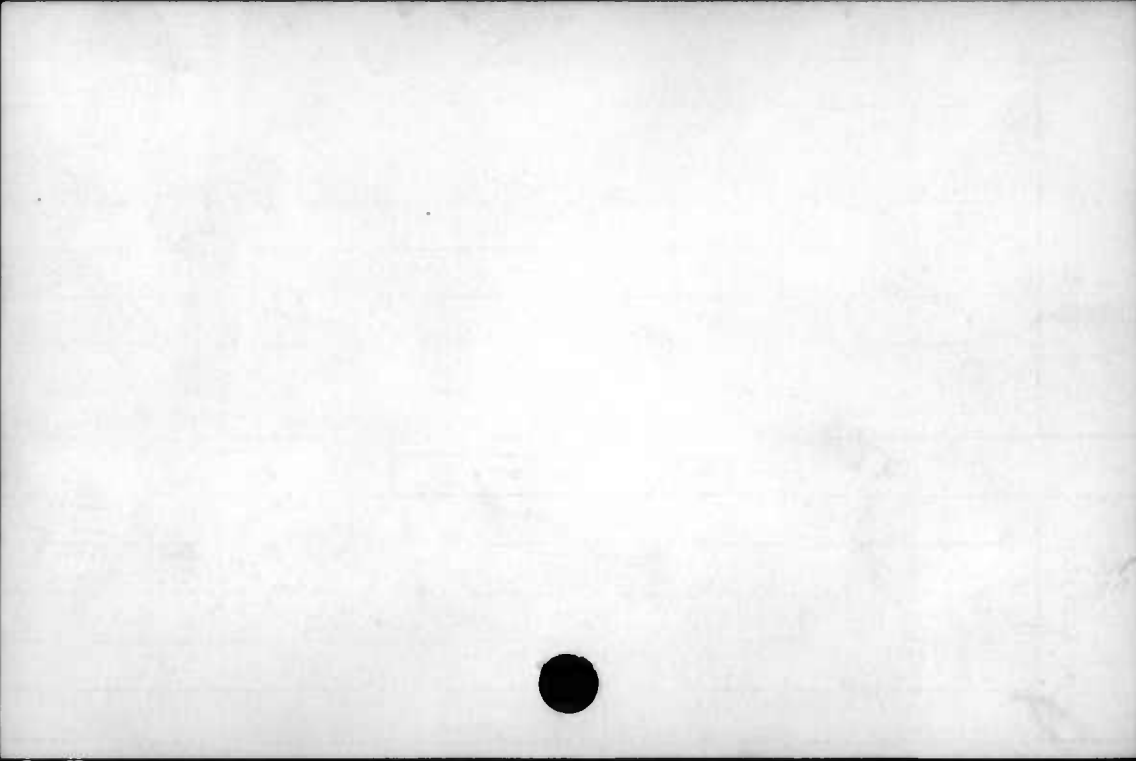
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|--|--|---------------------------------------|--|
| Name <i>John Lochner</i> | | Town <i>Cumt-a</i> | | County <i>Accugay</i> | | MARYLAND | |
| Died at | | Date of death | | Age | | Months | |
| | | <i>1907 Jan 19</i> | | <i>85</i> | | <i>4</i> | |
| Sex <i>male</i> | | Color or Race <i>White</i> | | Birth-place <i>Germany</i> | | | |
| Occupation <i>retired</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Widower</i> | | Name of Wife or Husband <i>Catherine Lochner</i> | | Father's Birthplace <i>Germany</i> | | Mother's Birthplace <i>Germany</i> | |
| Father's Name <i>Not Known</i> | | Mother's Maiden Name <i>" "</i> | | How related to deceased <i>Son in Law</i> | | | |
| Name of person giving information <i>Fredrick Hart</i> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>valvular disease of heart</i> | | How long <i>—</i> | |
| Immediate <i>—</i> | | How long <i>—</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>W. W. M. M. M.</i> | |
| | | Address <i>Cumt-a</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Viola McConnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|--------------------------|---------------|--------------|------------------|---|--------|-------------------------|----------------------|----------|
| Died at <i>Sinacoring</i> | | Town | | <i>Allegheny</i> | | County | | MARYLAND | |
| Date of death | <i>1907</i> | Month | <i>Jan</i> | Day | <i>29</i> | Age | <i>14</i> | Years | <i>7</i> |
| Sex | <i>Female</i> | Color or Race | <i>White</i> | | | | Birth-place | <i>Moscow Md</i> | |
| Occupation | <i>School</i> | | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | <i>Single</i> | | | | Name of Wife or Husband | | | | |
| Father's Name | <i>Patrick McConnell</i> | | | | | | Father's Birthplace | <i>Parkton Me.</i> | |
| Mother's Maiden Name | <i>Bridget Broderick</i> | | | | | | Mother's Birthplace | <i>Pottsville Pa</i> | |
| Name of person giving information | <i>Mrs McConnell</i> | | | | | | How related to deceased | <i>Mother</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------|------------------------|------------------------------|
| Primary | <i>Typhoid Fever</i> | How long | <i>2 weeks</i> |
| Immediate | <i>Intestinal Perforation</i> | How long | <i>22 hours -</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>James A. Burrell M.D.</i> |
| | | Address | <i>Sinacoring Maryland</i> |
| Accident or Suicide? | <i>no</i> | | |



Name
in
Full

Chas. S. Mc Millan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|-----------------------------------|------------------------------------|-----------------|---------------|
| Died at <i>Cumuld</i> ^{Town} | | <i>Allegany</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>1</i> | Day <i>26</i> | Age <i>39</i> ^{Years} | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Allegany Co Ind</i> | | |
| Occupation <i>Laborn</i> | Where Residing if not at place of death <i>Brookburg Ind</i> | | | | |
| Married, Single or Widowed <i>Yes</i> | Name of Wife or Husband <i>Malissa Mc Millan</i> | | | | |
| Father's Name <i>Wm. G. Mc Millan</i> | Father's Birthplace <i>Scotland</i> | | | | |
| Mother's Maiden Name <i>Elizabeth Brown</i> | Mother's Birthplace <i>Scotland</i> | | | | |
| Name of person giving information <i>Superintendent W. Ind Hospital</i> | How related to deceased <i>None</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|------------------------------|
| Primary <i>Cirrhosis of Liver</i> | <i>112</i> | How long <i>6 months</i> |
| Immediate <i>Asphyxia</i> | | How long <i>Five moments</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. H. White</i> | Address <i>Cumuld. Ind.</i> |
| <div style="display: flex; align-items: center;"> <div style="width: 50px; height: 50px; background-color: black; border-radius: 50%; margin-right: 10px;"></div> <div> <p>Accident or Suicide?</p> </div> </div> | | |

To Mr

Allegheny County -

Name
in
Full

William Maines Jr.

CERTIFICATE OF DEATH

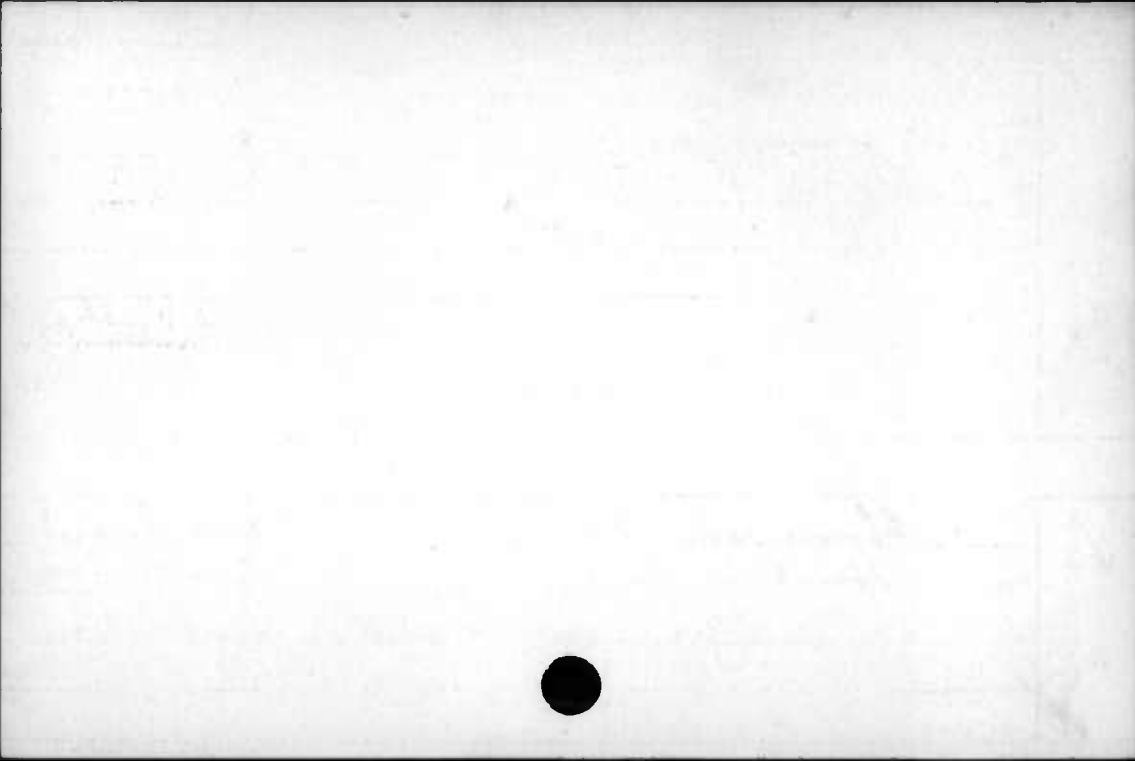
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|--------------------------|-------------------------|---|-------------------------|--------------------------|
| Died at <i>Smearing</i> Town | | <i>Allegheny</i> County | | MARYLAND | |
| Date of death | <i>1907</i> | Month | <i>Jan</i> | Day | <i>26</i> |
| Age | <i>2</i> | Years | | Months | <i>5</i> |
| Sex | <i>Male</i> | Color or Race | <i>White</i> | Birth-place | <i>Allegheny Co. Pa.</i> |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <i>Single</i> | Name of Wife or Husband | | | |
| Father's Name | <i>William Maines Sr</i> | | | Father's Birthplace | <i>Allegheny Co. Pa</i> |
| Mother's Maiden Name | <i>Clara Bakewell</i> | | | Mother's Birthplace | <i>Midway Pa</i> |
| Name of person giving information | <i>William Maines Jr</i> | | | How related to deceased | <i>Father</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------------|------------------------------|----------------------|
| Primary | <i>Chronic Nephritis of kidney</i> | How long | <i>121</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>Several weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>yes</i> | | <i>James O. Bullock M.D.</i> | |
| | | Address | |
| | | <i>Smearing Md.</i> | |
| Accident or Suicide? | | | |
| <i>no</i> | | | |



Name
in
Full

Charles J. Malloy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--|--|--|--|--|--|---------------|--|--|--|
| Died at <i>Cumtland</i> | | Town | | County | | Allcgay | | MARYLAND | |
| Date of death <i>1907</i> | | Month <i>Jan</i> | | Day <i>26</i> | | Age <i>55</i> | | Years <i>—</i> Months <i>—</i> Days <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colord</i> | | Birth-place <i>Washington D.C.</i> | | | | | |
| Occupation <i>Porter</i> | | | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Widower</i> | | Name of Wife or Husband <i>— Unknown</i> ✓ | | | | | | | |
| Father's Name <i>Not Known</i> | | | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>Not Known</i> | | | | Mother's Birthplace <i>Unknown</i> | | | | | |
| Name of person giving information <i>George Washington</i> | | | | How related to deceased <i>none.</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary <i>Chronic Bright's disease</i> | | How long <i>120</i> | |
| Immediate <i>Heart failure & dropsy</i> | | How long <i>six months</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Thurman Spauld</i> | |
| <i>yes</i> | | Address <i>Spauld</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Agnes Menzies

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland ^{County} AlleganyDate of death 1907 ^{Month} January ^{Day} 29 ^{Age} 63 ^{Years} ^{Months} 10 ^{Days} 0

Sex Female Color or Race White Birth-place Scotland

Occupation none Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband John Menzies

Father's Name McKie Father's Birthplace Scotland

Mother's Maiden Name don't know Mother's Birthplace Scotland

Name of person giving information Margaret Mearns How related to deceased Daughter

CAUSES OF DEATH

Primary Chronic nephritis 120 How long don't know
Immediate Heart failure How long Four hours.

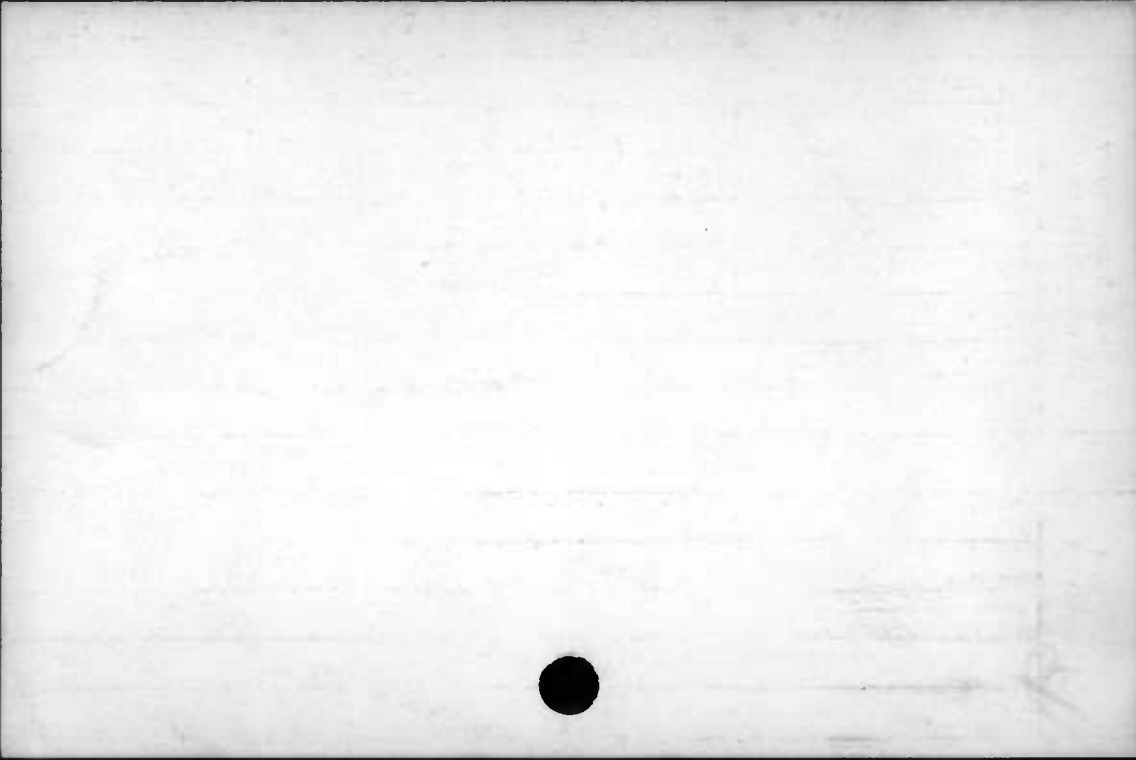
Are the name, age, sex, color, date and place correctly given above?

yes.

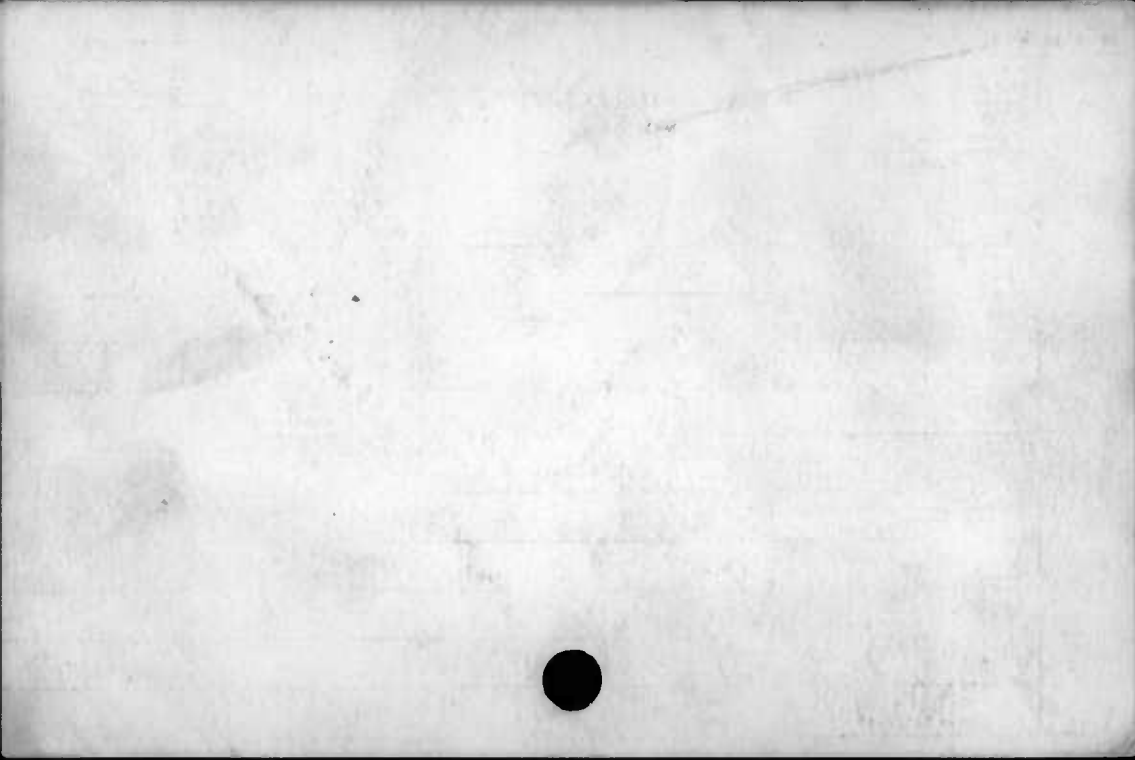
Signature of Physician Chylatte B. Gardner

Address Cumberland, Md.

Accident or Suicide?



| | | | | | | | |
|--|---|-------------------------|------------------|------------------------|-------------------------|----------------------|---------------|
| Name in Full | | Mrs John Murphy | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Eckhart Mines | | County | | MARYLAND |
| | Date of death | 1907 | Month | 1 | Day | 6 | Age |
| | Sex | | Female | | Color or Race | | White |
| | Occupation | | Housewife | | Birth-place | | Eckhart Mines |
| | Where Residing if not at place of death | | Eckhart Mines Md | | | | |
| | Married, Single or Widowed | | Married | | Name of Wife or Husband | | |
| | John P. Murphy | | | | | | |
| PHYSICIAN OR CORONER | Father's Name | | Peter Courroy | | Father's Birthplace | | Virginia |
| | Mother's Maiden Name | | Angie Blake | | Mother's Birthplace | | Ireland |
| | Name of person giving information | | John Courroy | | How related to deceased | | Brother |
| | CAUSES OF DEATH | | | | | | |
| | Primary | | Lagrippe | | How long | | one week. |
| Immediate | | Gastric Hemorrhage | | How long | | one day | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | Jas C. Holdsworth M.D. | | | |
| Address | | Eckhart Mines Maryland. | | | | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth Nichols*

Town *Lanecoming* County *Allegheny*

Died at *Lanecoming*

Date of death *1907* Month *June* Day *10* Age *9* Years *9* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Lanecoming*

Occupation *none* Where Residing if not at place of death *—*

☒ Married, Single or Divorced

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Immediate

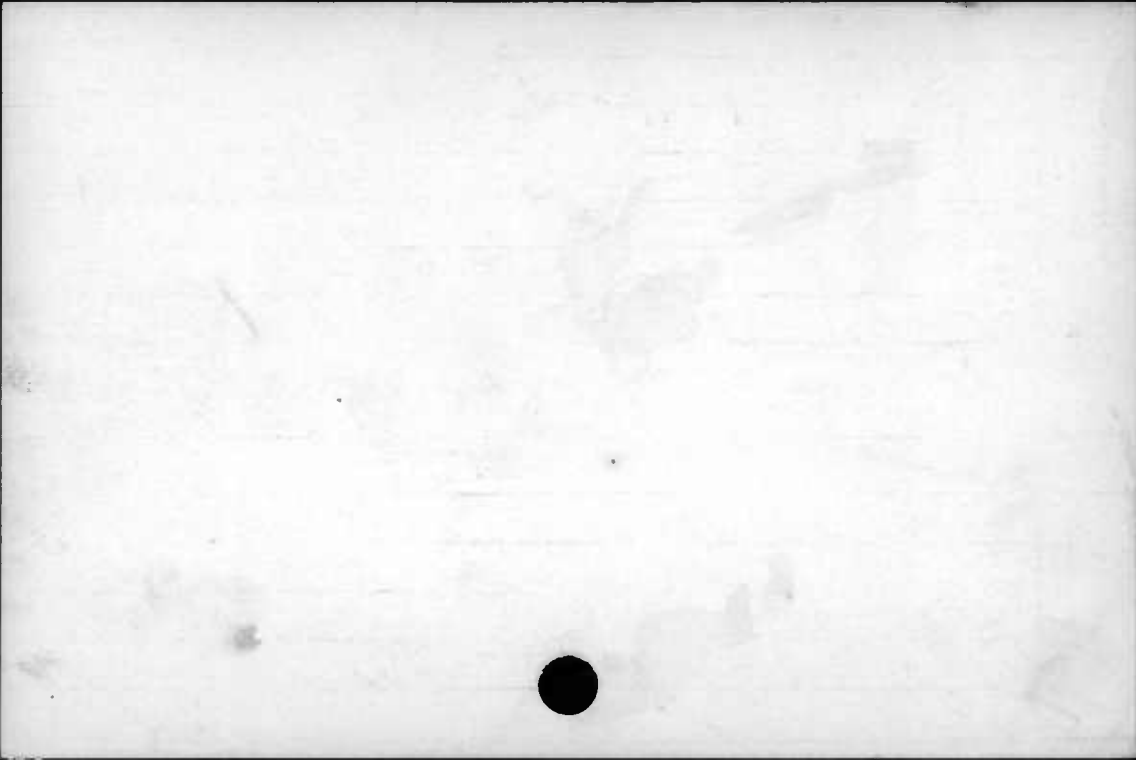
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Korman

CERTIFICATE OF DEATH

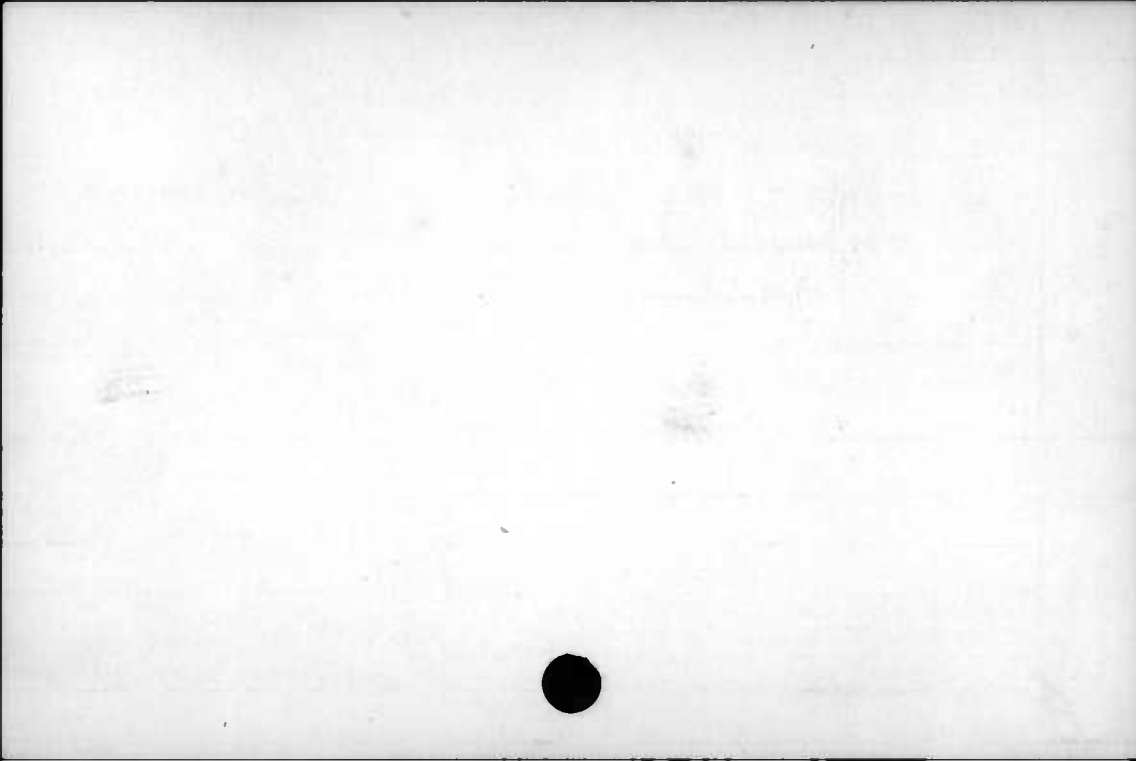
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---------------|-----------------------------------|-------------------------|------------------|-----------------------|--|
| Died at <i>Crimmerland</i> | | Town | | County <i>Allegheny</i> | | State <i>MARYLAND</i> | |
| Date of death <i>1907</i> | Month <i>July</i> | Day <i>25</i> | Age <i>70</i> | Years | Months <i>10</i> | Days | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birthplace <i>Lancaster Co Pa</i> | | | | |
| Occupation <i>Flag man</i> | Where Residing if not at place of death <i>-</i> | | | | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Cathrine Caranauagh</i> | | | | | | |
| Father's Name <i>cant tell</i> | Father's Birthplace <i>unknown</i> | | | | | | |
| Mother's Maiden Name <i>cant tell</i> | Mother's Birthplace <i>unknown</i> | | | | | | |
| Name of parson giving information <i>Cathrine Korman</i> | How related to deceased <i>Wife</i> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--|-----------|
| Primary | How long | <i>93</i> |
| Immediate <i>Pneumonia</i> | How long <i>7 days</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>A. H. Hawkins M.D.</i> | |
| | Address <i>Crimmerland Pa.</i> | |
| Accident or Suicide? | | |



Name
in
Full

Mrs Winifred O'Brian

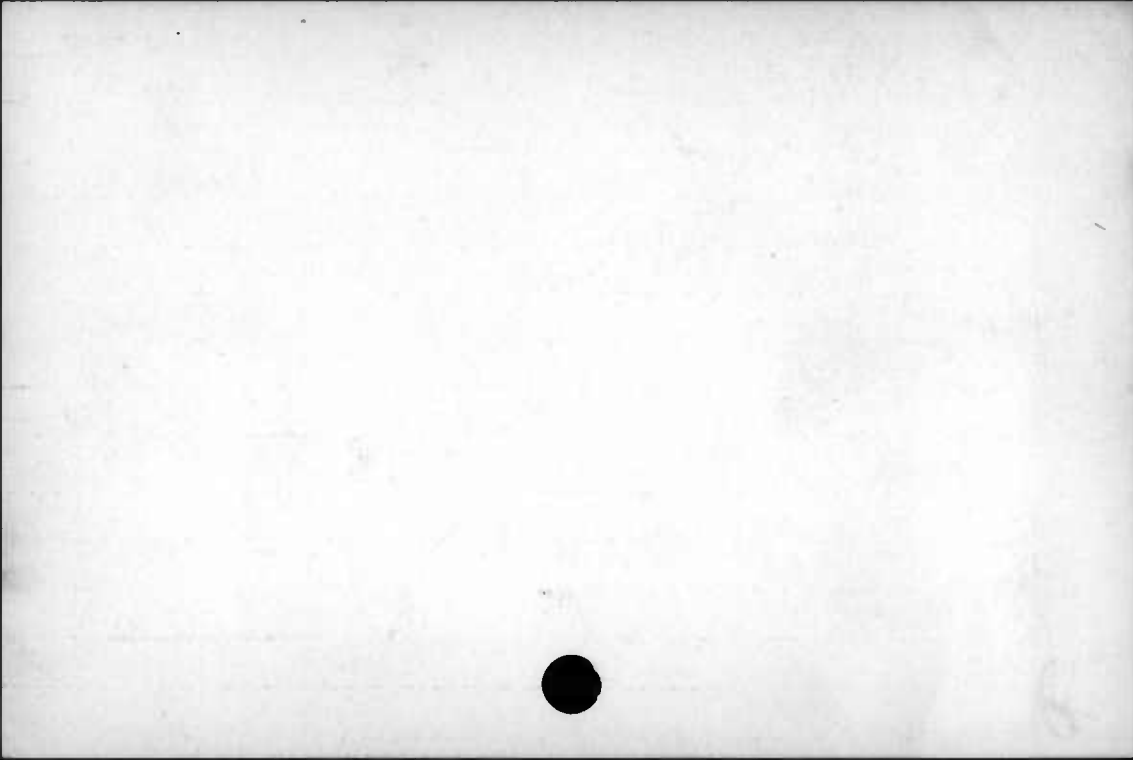
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|--|---------------------------------------|-----------------|---------------|
| Died at <i>Barton</i> <small>Town</small> | | <i>Allegheny</i> <small>County</small> | | MARYLAND | |
| Date of death 1907 | Month <i>Jan</i> | Day <i>10</i> | Age <i>about 78</i> | Months <i>1</i> | Days <i>1</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | | |
| Married, Single or Widowed <i>Married</i> | <i>Widowed</i> | | Occupation <i>H.W.</i> | | |
| Name of Wife or Husband <i>John O'Brian</i> | | | | | |
| Father's Name <i>W. O'Brien</i> | | | Father's Birthplace <i>W. O'Brien</i> | | |
| Mother's Maiden Name <i>Winifred Baker</i> | | | Mother's Birthplace <i>Ireland</i> | | |
| Name of person giving information <i>Patrick O'Brian</i> | | | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

| | | | | |
|-------------------------|--|-------------------------------|--|-----------------|
| PHYSICIAN OR CORONER | Primary | <i>Probably Cancer of the</i> | How long | <i>About</i> |
| | | <i>bowels</i> | How long | <i>one year</i> |
| | Immediate | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. Boucker</i> | |
| | | Address <i>Barlow, Me</i> | | |
| Accident or Suicide? | | | | |



Name
in
Full

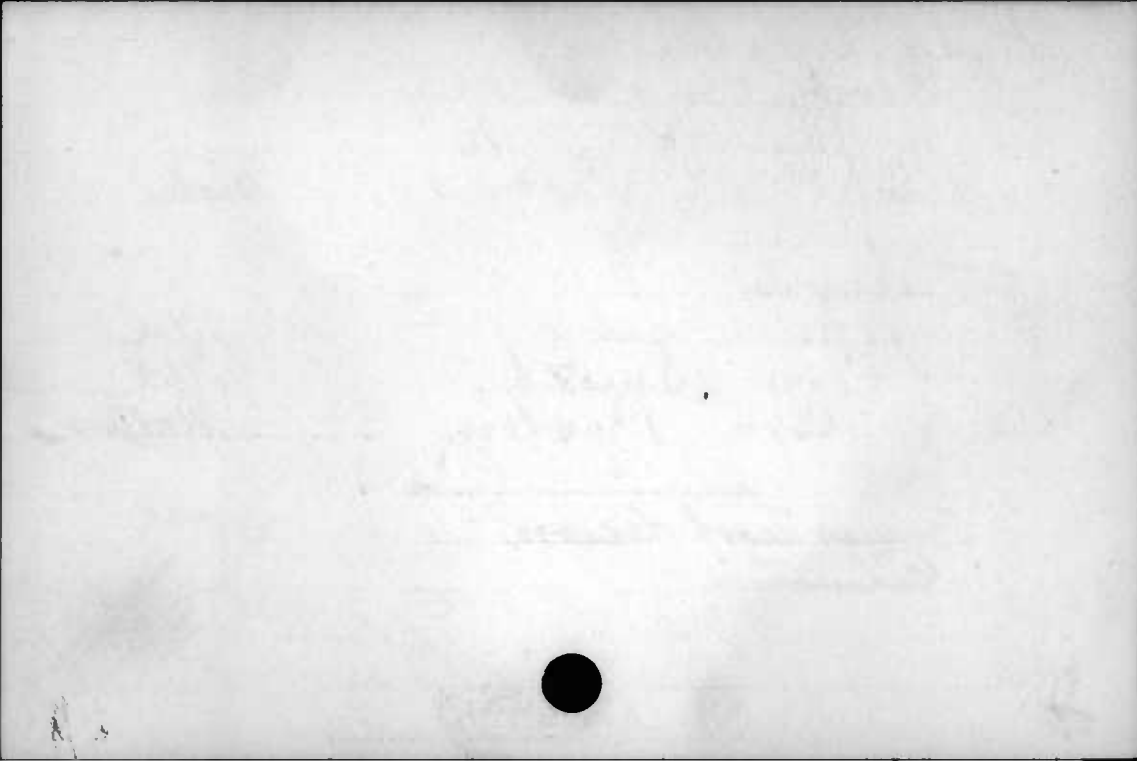
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|----------------------------|-----------------------------------|------------------|--|-------------|-----------------|------------|
| Died at | | Elizabeth Porter Eckhart Miner | | County Allegany | | MARYLAND | |
| Date of death | 1907 | Month 1 | Day 25 | Age | Years 48 | Months 3 | Days 21 |
| Sex | Fr. | | Color or Race | W. | | Birth- place | Md. |
| Occupation | Housework | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | Mike Porter. | | | |
| Father's Name | John Engle Jr. | | | Father's Birthplace | Germany | | |
| Mother's Maiden Name | Catherine Boettner | | | Mother's Birthplace | Germany | | |
| Name of person giving In formation | John Engle Jr. | | | How related to deceased | Brother. | | |
| CAUSES OF DEATH | | | | | | | |

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------------|---------------------------|--------------------|
| Primary | Carcinoma of Right Kidney, | How long | About one year, |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Dr. H. O. Mc Lane |
| | | Address | Frostburg Md. |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Robert Porter*

Town *Cumtland* **County** *Ceclegary* **MARYLAND**

Died at *Cumtland*

Date of death *1907* **Month** *Jan* **Day** *7* **Age** *52* **Years** *11-* **Months** *3* **Days**

Sex *Male* **Color or Race** *White* **Birth-place** *Sharpsburg Ma*

Occupation *Resturant Keeper.* **Where Residing if not at place of death** *-*

Married, Single or Widowed *Married* **Name of Wife or Husband** *Johanne Porter*

Father's Name *Charles W. Porter* **Father's Birthplace** *Ma*

Mother's Maiden Name *Max Ann Stippler* **Mother's Birthplace** *Ma*

Name of person giving information *Johanne Porter* **How related to deceased** *Wife*

CAUSES OF DEATH

112

Primary *Arteriosclerosis* **How long** *See Glyc*

Immediate *It has been* **How long** *brother*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. S. Cleymore M.D.* **Address** *Cumtland Ma*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER

see Eagle about Pace Bram -
Catholic Cemetery -
Mrs Scott Little. Has notes for Set
Hence and 5 1/2 -
Pace Beam Wagon
1, for Priest.

Bankalay. W. M.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chamberlaine* Town*Alley* CountyDate of death *1907 Jan* Month

Day

Age *16* Years

Months

Days

Sex *Female*

Color or Race

Colored

Birth-place

Md.

Occupation

Domestic

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John Preston

Father's Birthplace

Md

Mother's Maiden Name

Cora Smith

Mother's Birthplace

Md

Name of person giving information

Cora Preston

How related to deceased

Mother

CAUSES OF DEATH

Primary

Organic heart disease.

How long

6 mo.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

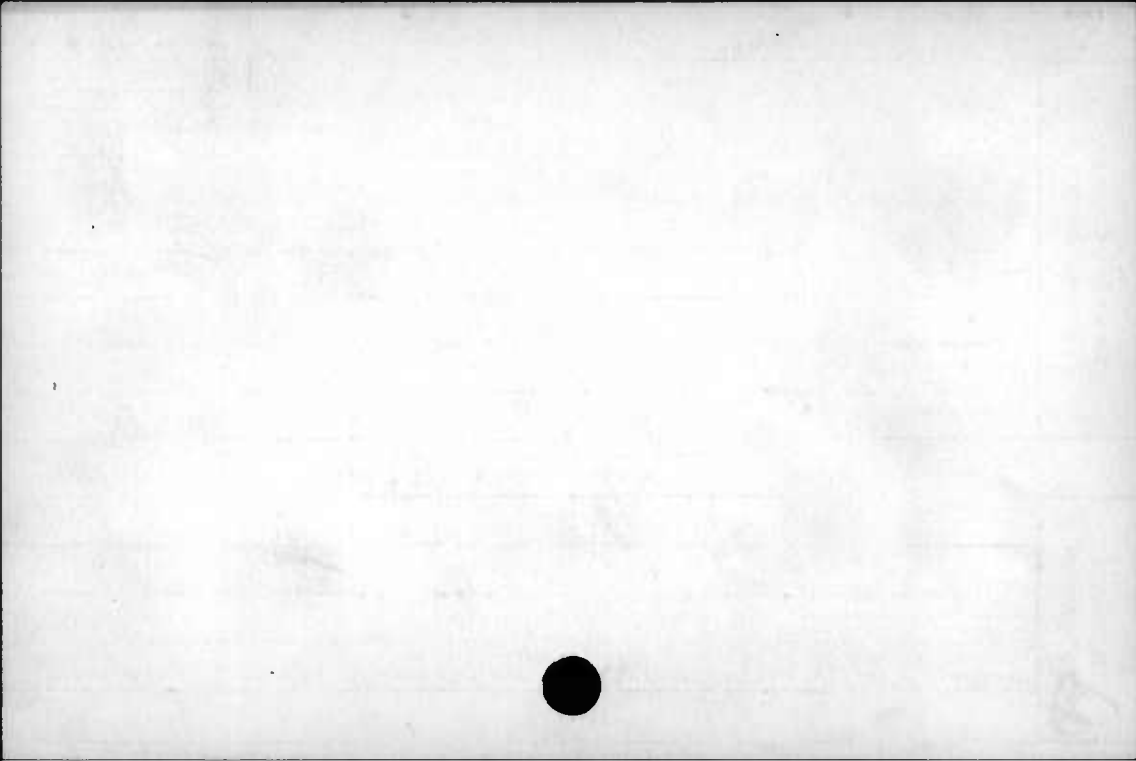
Signature of Physician

F. B. McDonald

Address

*Chamberlaine
Md*

Accident or Suicide?



Name
in
Full

Infant Price

CERTIFICATE OF DEATH

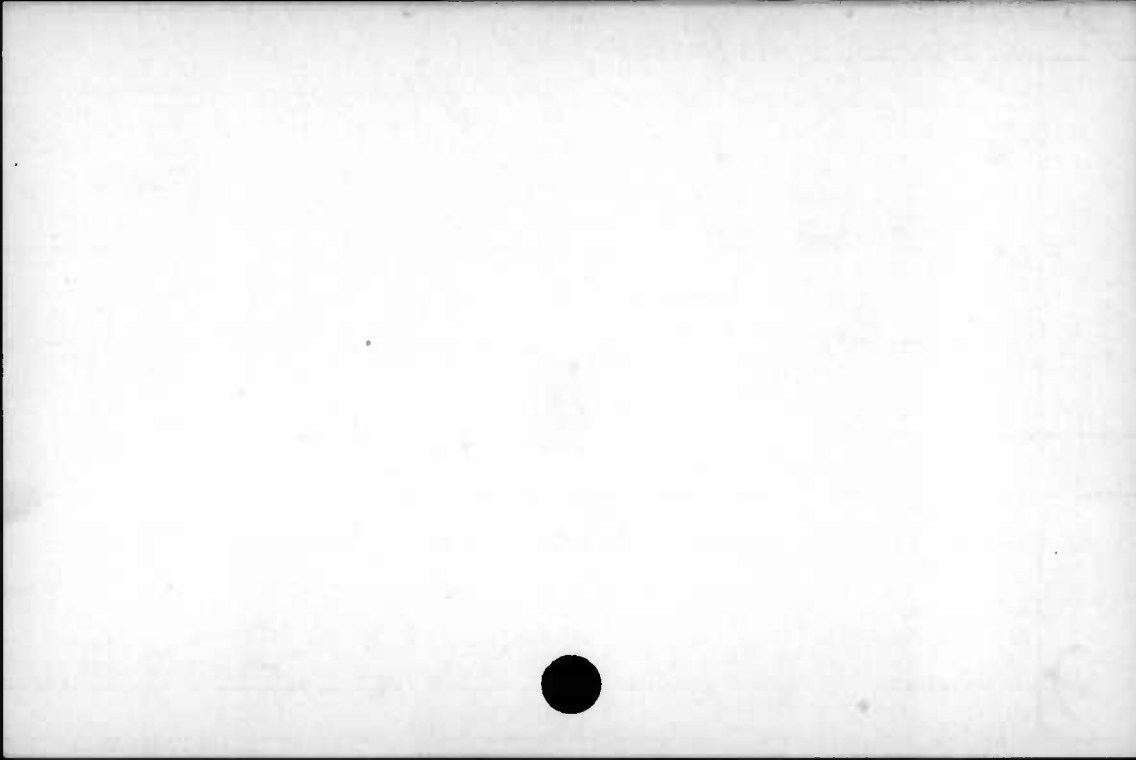
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|---|--|--------------------|----------------------|
| Died at <i>Smoking</i> Town | | <i>Allegany</i> County | | MARYLAND | |
| Date of death | <i>1907</i> | Month <i>Jan</i> | Day <i>4</i> | Age <i>1</i> Years | Months <i>1</i> Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Smoking</i> | | |
| Occupation <i>C</i> | | | Where Residing if not at place of death <i>✓</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Henry Price</i> | | Father's Birthplace <i>Smoking</i> ✓ | | | |
| Mother's Maiden Name <i>Mary Prebles</i> | | Mother's Birthplace <i>Smoking</i> | | | |
| Name of person giving information <i>Mrs. Henry Price</i> | | How related to deceased <i>Mother</i> ✓ | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|--------------------------|
| Primary <i>Prematurity</i> | How long <i>151</i> | How long <i>12 hours</i> |
| Immediate <i>—</i> | | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>James O. Bullock M.D.</i> | |
| | Address <i>Smoking Md.</i> | |
| Accident or Suicide? <i>no.</i> | | |



Name
in
Full

Lydia Ann Rankin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------|----------|---------------|---|----|-------------------------|---------------------------|
| Died at | | Town | | County | | STATE | |
| Allegany | | Allegany | | Allegany | | MARYLAND | |
| Date of death | 1907 | Month | 1 | Day | 17 | Age | Years 65 Months 10 Days — |
| Sex | F | | Color or Race | W. | | Birth-place | Md. |
| Occupation | House Work | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | | Name of Wife or Husband James Rankin ✓ | | | |
| Father's Name | James Porter | | | | | Father's Birthplace | Md |
| Mother's Maiden Name | Harriet Porter | | | | | Mother's Birthplace | Md |
| Name of person giving information | John Rankin | | | | | How related to deceased | son |

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

How long

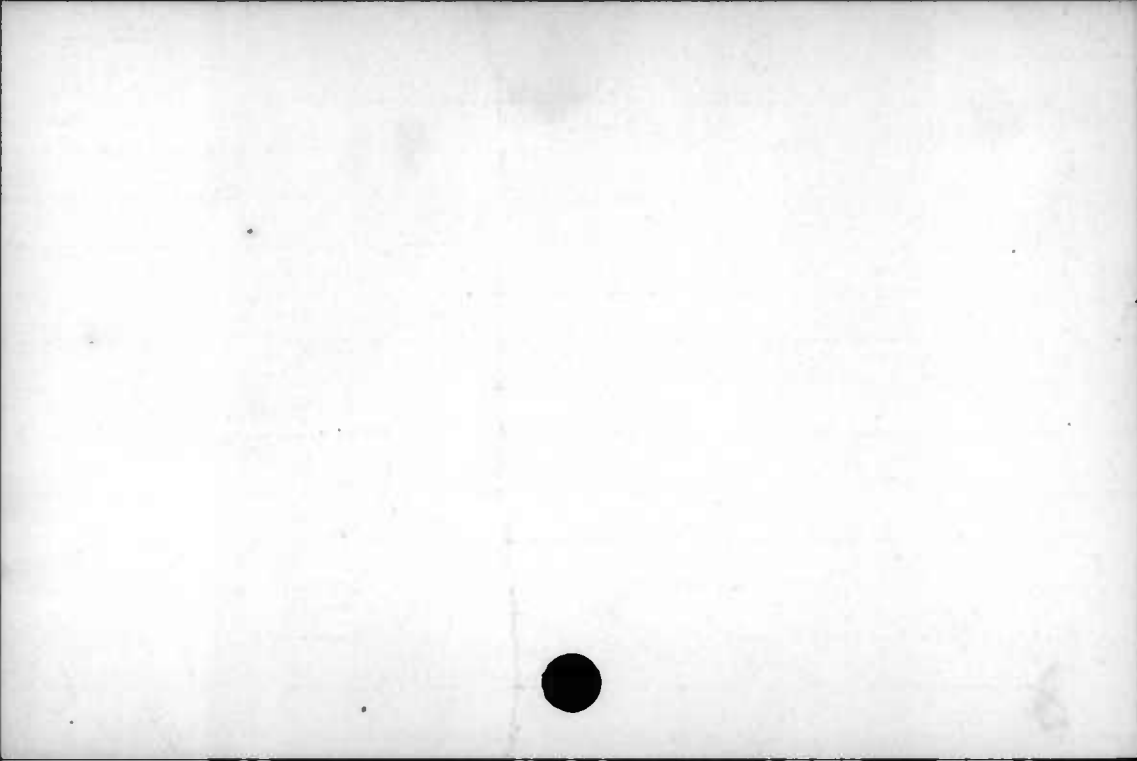
How long

3 yrs

NO

Dr. H. M. Lane

Frostburg Md



Name
in
Full

Mary Schaele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at Cumberland

County
Alligany

MARYLAND

Date
of death 1907 Jan 8

Age 85

Months 5

Days 8

Sex Female

Color or
Race

White

Birth-
place

Germany.

Occupation

retired housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Henry Gustaw

Father's
Name

Do not know

Father's
Birthplace

Germany

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Germany

Name of person giving
In formation

Frederic Schmidt

How related
to deceased

Daughter

CAUSES OF DEATH

179

Primary

General debility

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

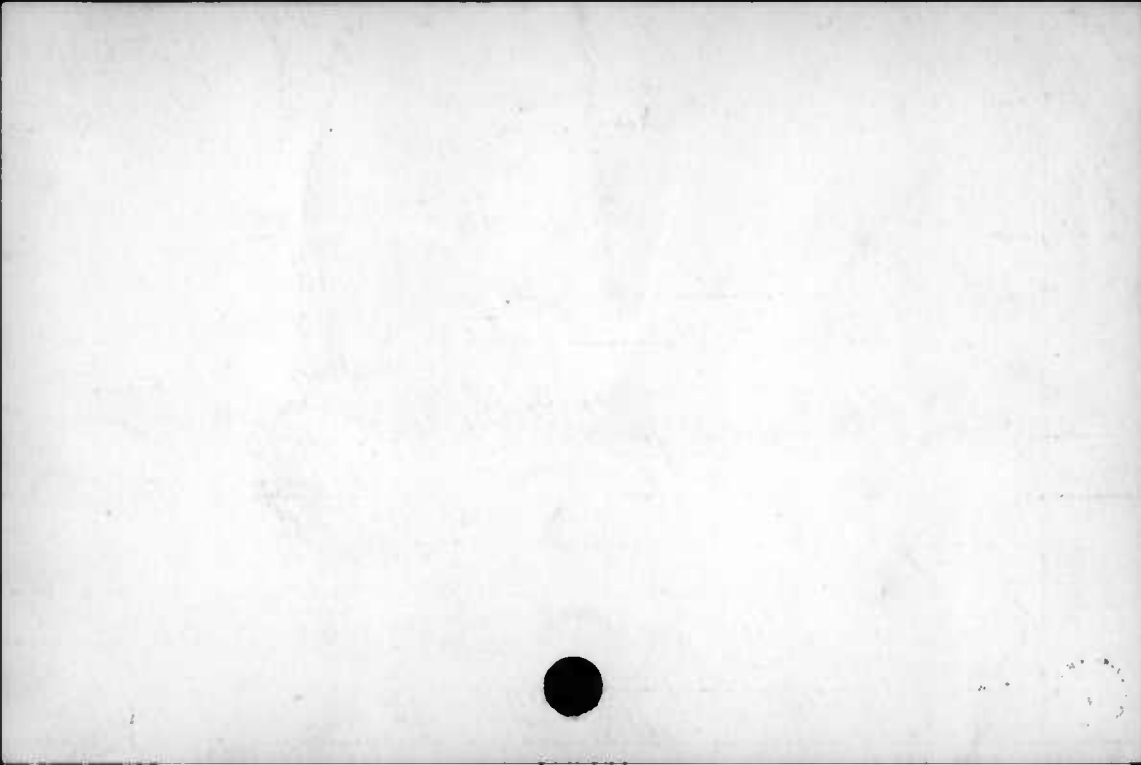
Signature of
Physician

W. W. Miller

Address

Blackburn & Co

Accident or Suicide?



Name
in
Full

Ethel Mary Schell

CERTIFICATE OF DEATH

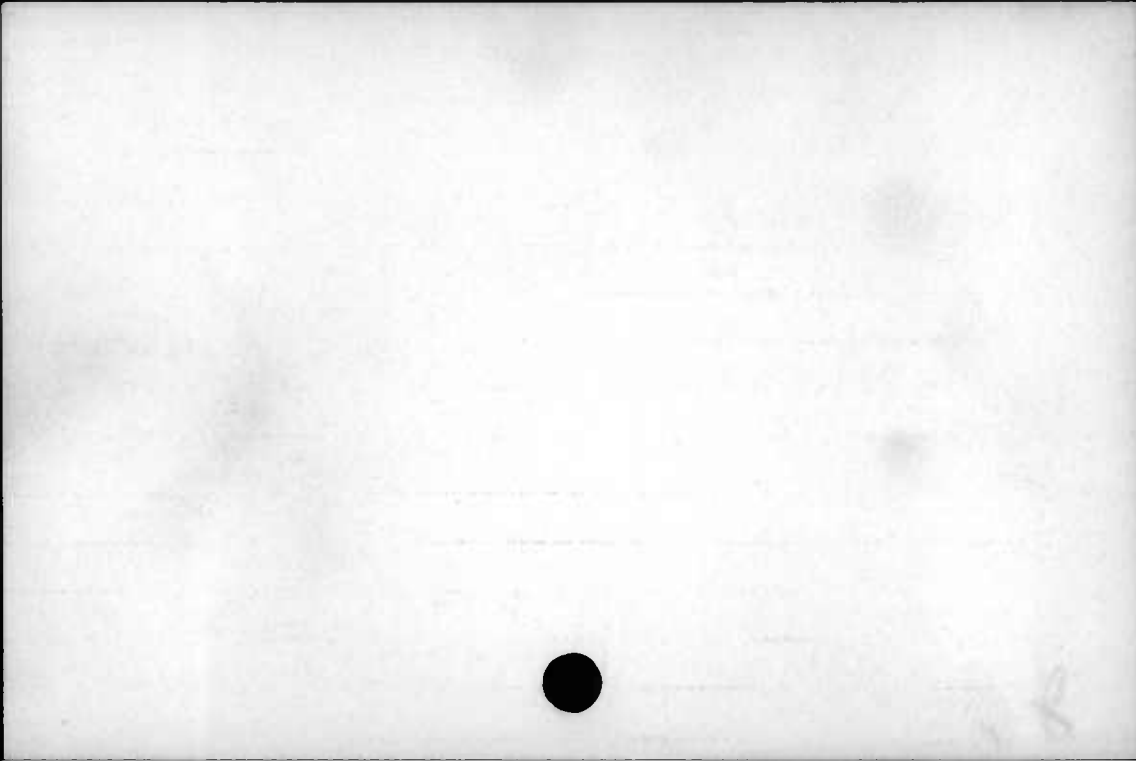
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | | | |
|---------------------------------------|--|-------------------|---|--------------------|--|----------|-------|-----------------|-----------|----------------------------|--|--|--|--|--------|
| Died at | | Town Frostburg | | County Allegany | | MARYLAND | | | | | | | | | |
| Date of death | | 190 | 7 | Month 1 | Day 24 | Age | Years | Months | Days 8 | | | | | | |
| Sex | | F. | | Color or Race | | W. | | Birth- place | | Md | | | | | |
| Occupation | | | | | Where Residing if not at place of death | | | | | | | | | | |
| Married, Single or Widowed | | | | | Name of Wife or Husband | | | | | | | | | | |
| Father's Name | | | | | William Schell | | | | | Father's Birthplace | | | | | W Va |
| Mother's Maiden Name | | | | | Nettie Rainer | | | | | Mother's Birthplace | | | | | Md |
| Name of person giving In formation | | | | | Nettie Schell | | | | | How related to deceased | | | | | Mother |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | | | | | | | | |
|---|--|------------------------|--|---------------------------|--|---------|--|------------------|--|--|--|
| Primary | | Enlarged Thyroid Gland | | How long | | 8 Days, | | | | | |
| Immediate | | Pressure from Thyroid | | How long | | 8 Days. | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | | | Dr. H. A. McLane | | | |
| | | | | Address | | | | Frostburg Md. | | | |
| Accident or Suicide? | | | | | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

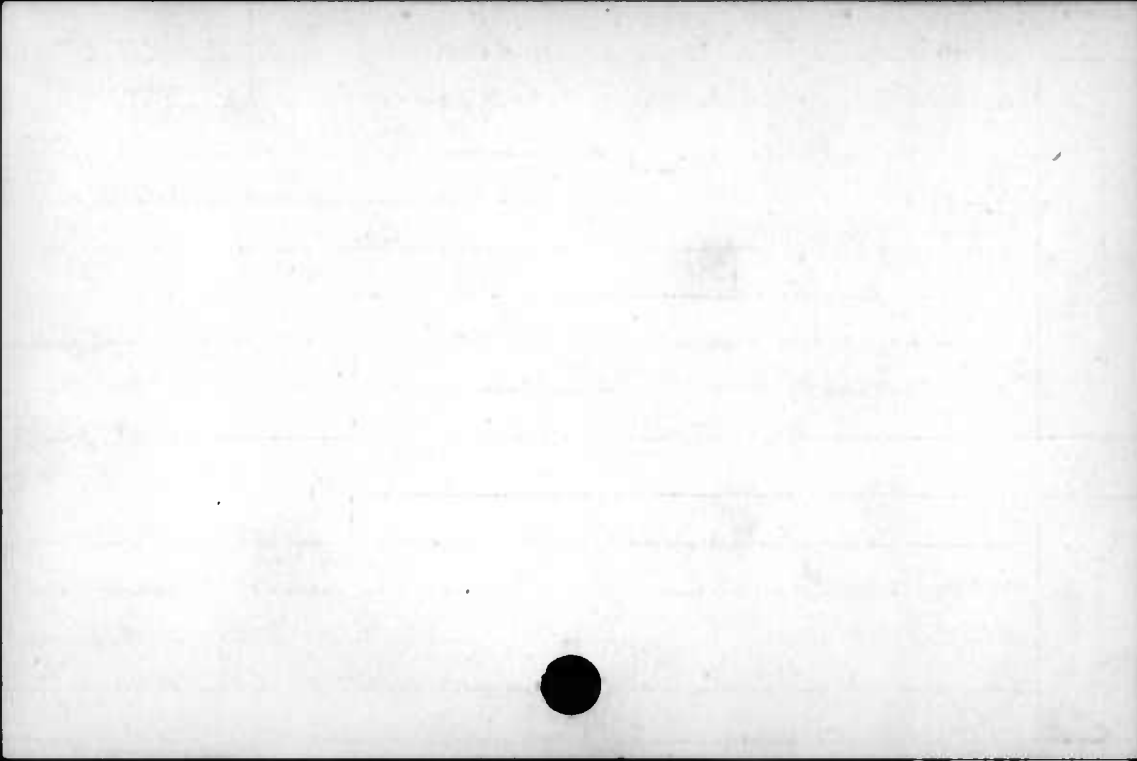
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-------------------------------|--|---|--|-------------------|--|
| Name in Full <i>John Joseph Schwenninger</i> | | Town <i>Cambridge</i> | | County <i>Allegheny</i> | | MARYLAND | |
| Died at <i>Cambridge</i> | | Month <i>Jan</i> | | Day <i>6</i> | | Years <i>2</i> | |
| Date of death <i>1907</i> | | Weeks <i>2</i> | | Days | | | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Cambridge</i> | | | |
| Occupation <i>-</i> | | | | Where Residing if not at place of death <i>-</i> | | | |
| Married, Single or Widowed <i>-</i> | | | | Name of Wife or Husband <i>-</i> | | | |
| Father's Name <i>Peter Schwenninger</i> | | | | Father's Birthplace <i>Germany</i> | | | |
| Mother's Maiden Name <i>Mary Hwan</i> | | | | Mother's Birthplace <i>France</i> | | | |
| Name of person giving information <i>Peter Schwenninger</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Marasmus</i> | How long <i>7 or 8 days</i> |
| Immediate <i>Exhaustion</i> | How long <i>2 or 3 hrs.</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Edward Harris</i> |
| LOUIS STEIN. | Address <i>Cambridge Maryland</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John W. Shieholt
Cumberland County

| | | | | | | |
|-----------------------------------|-----------------|---------|---------------|-------------------------|----------|------------|
| Date of death 1907 | | Month 1 | Day 7 | Age 53 | Months 4 | Days |
| Sex | male | | Color or Race | White | | Birthplace |
| Married, Single or Widowed | married | | Occupation | Cooper | | |
| Name of Wife or Husband | Sally L. Smith | | | | | |
| Father's Name | Samuel Shieholt | | | Father's Birthplace | Va | |
| Mother's Maiden Name | Hannah Foreman | | | Mother's Birthplace | Va | |
| Name of person giving information | Louis Shieholt | | | How related to deceased | Son | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|----------------------|-----|------------------------|---------------|
| Primary | Mitral Regurgitation | | How long | Do not know |
| Immediate | Apoplexy | | How long | 2 or 3 hrs |
| Are the name, age, sex, color, date and place correctly given above? | | yes | Signature of Physician | Jos L. Lander |
| Was dead when arrived | | no | Address | Cumberland Md |
| Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|------------------------------|--|--------------------------|--|
| Name in Full <i>Christina Beman Shockey</i> | | Town <i>Louisa</i> | | County <i>Allegheny</i> | | State <i>MARYLAND</i> | |
| Died at <i>Louisa</i> | | Month <i>Jan</i> | | Day <i>25</i> | | Years <i>24</i> | |
| Date of death <i>1907 Jan 25</i> | | Months <i>6</i> | | Days <i>6</i> | | | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Louisa</i> | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Henry Shockey</i> | | | | | |
| Father's Name <i>Charles H. Beman</i> | | Father's Birthplace <i>Louisa</i> | | | | | |
| Mother's Maiden Name <i>Charlotte Dyer</i> | | Mother's Birthplace <i>IL</i> | | | | | |
| Name of person giving information <i>Mrs. Shockey</i> | | How related to deceased <i>Mother-in-law</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Pneumonia</i> | How long <i>1 week.</i> |
| Immediate <i>Dyspnoea</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Henry H. Hodgson</i> |
| | Address <i>Louisa Ind.</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

Hilda Beulah Seel

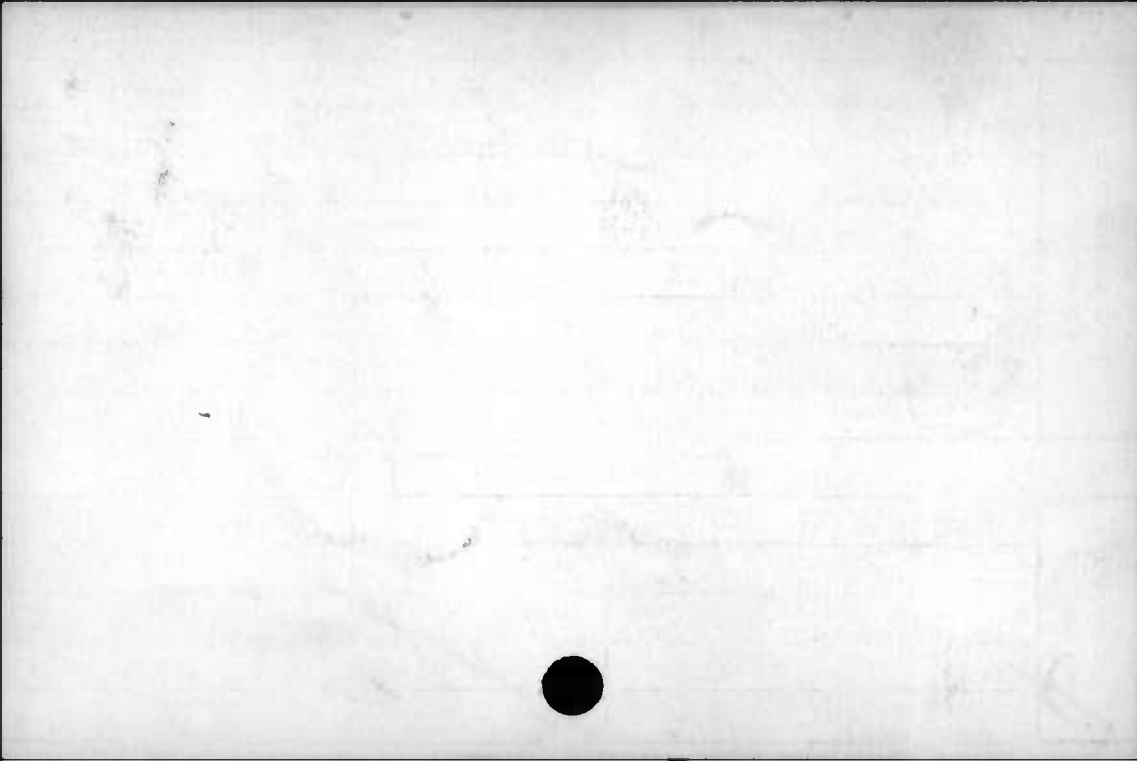
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|--------------|--|-------------------------|-----------------|-----------------------|--|
| Died at <i>Cumtola</i> | | Town | | County <i>Allegheny</i> | | State MARYLAND | |
| Date of death <i>1907</i> | Month <i>July</i> | Day <i>6</i> | Age | Years | Months <i>4</i> | Days | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Cumtola</i> | | | | |
| Occupation <i>-</i> | | | Where Residing if not at place of death <i>-</i> | | | | |
| Married, Single or Widowed <i>-</i> | | | Name of Wife or Husband <i>-</i> | | | | |
| Father's Name <i>Michael Seel</i> | | | Father's Birthplace <i>Cumtola</i> | | | | |
| Mother's Maiden Name <i>Maggie Warner</i> | | | Mother's Birthplace <i>Pa</i> | | | | |
| Name of person giving information <i>Michael Seel</i> | | | How related to deceased <i>Father</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|---|----------------------|
| Primary <i>Acute Gastritis</i> | How long <i>104</i> | <i>about 10 days</i> |
| Immediate <i>Strangulation</i> | How long <i>7</i> | <i>to minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Edward Harris</i> | |
| <i>LOUIS STEIN</i> | Address <i>Cumtola Maryland</i> | |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Frederick F. Sloan* Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland*

Date of death *1907* Month *25* Day *25* Age *3* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Cumt-d*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James M. Sloan* Father's Birthplace *Longsawney*

Mother's Maiden Name *Helena Orrick* Mother's Birthplace *Cumt-d*

Name of person giving information *J. Sloan* How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

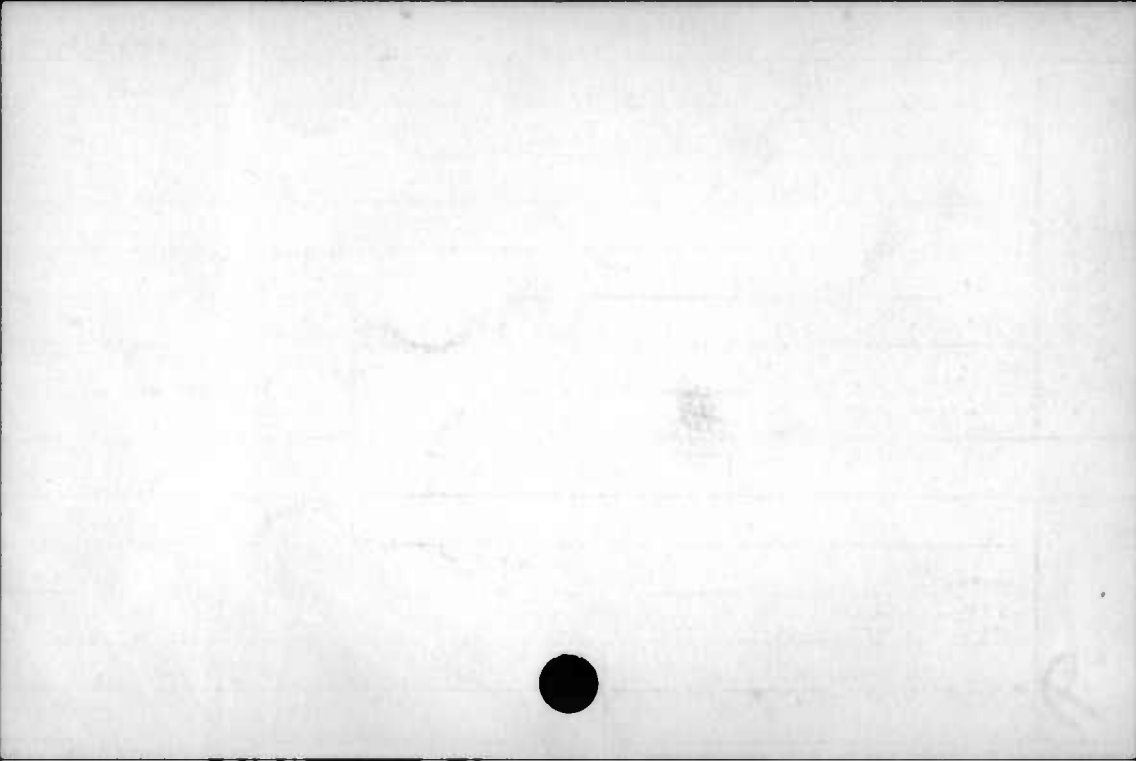
Primary *Premature* (151) How long _____

Immediate *Birth* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Carder* Address *Cumt-d Md*

Accident or Suicide? _____



Name
in
Full

Katherine Smith

CERTIFICATE OF DEATH

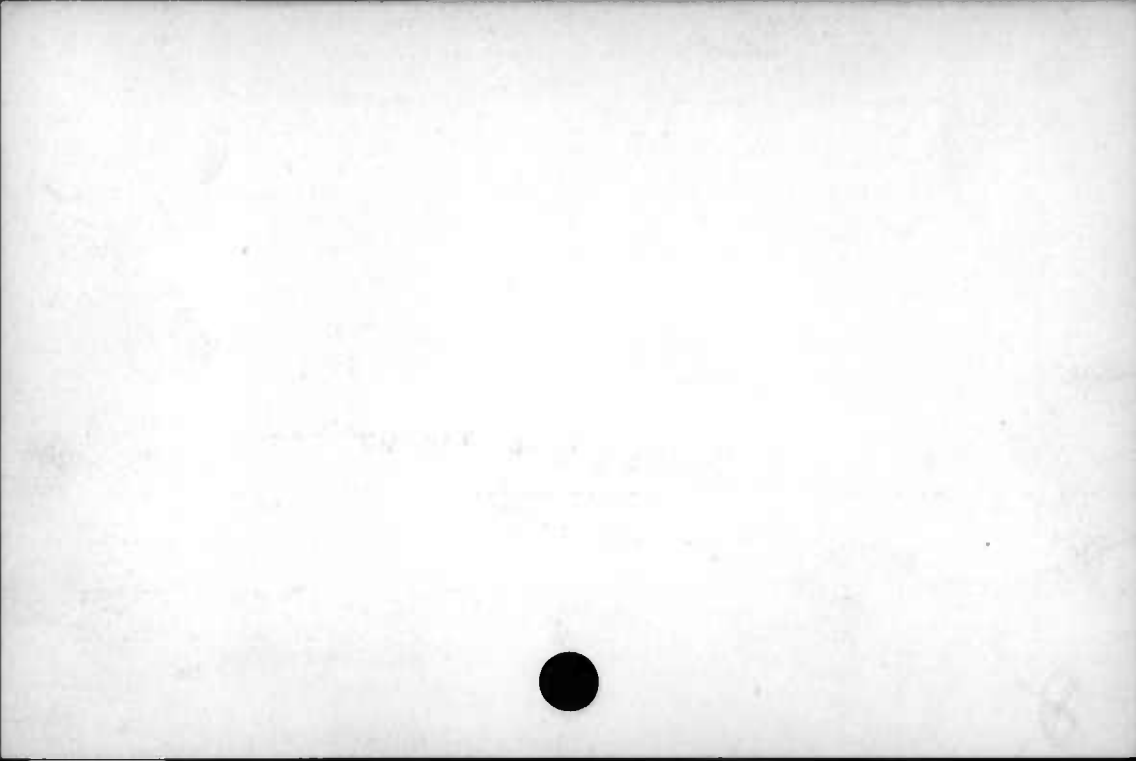
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|-----------------------------------|--|----------|------|
| Died at <i>Ossiding</i> ^{town} | | <i>Allegany</i> ^{County} | | MARYLAND | |
| Date of death 1907 | Month <i>Jan.</i> | Day <i>22</i> | Age <i>24</i> Years | Months | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Pratt, Md.</i> | | |
| Married, Single or Widowed <i>Married</i> | | | Occupation <i>House wife</i> | | |
| Name of Wife or Husband <i>Keyser Smith</i> | | | | | |
| Father's Name <i>Frank Troutman</i> ✓ | | | Father's Birthplace <i>Allegany Co., Md.</i> | | |
| Mother's Maiden Name <i>Not known</i> | | | Mother's Birthplace <i>Not known</i> | | |
| Name of person giving information <i>Mrs. H. Oss</i> | | | How related to deceased <i>None</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Typhoid Fever</i> | How long <i>3 weeks</i> |
| Immediate <i>Heart Failure</i> | How long <i>Instantly</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. A. Watson, M.D.</i> |
| | Address <i>Frostburg, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

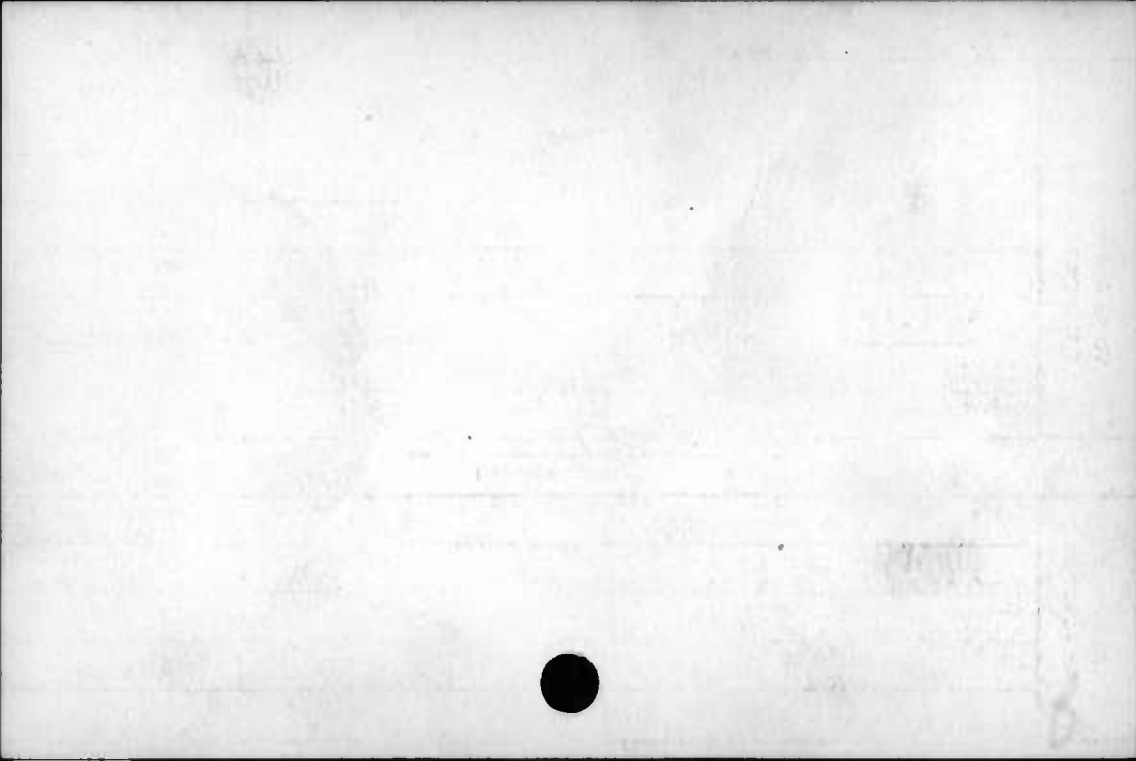
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|----------------------------------|--|--------------------------|--|
| Name in Full <i>Mary Spiker</i> | | Town <i>Cumberland</i> | | County <i>Allegany</i> | | State <i>MARYLAND</i> | |
| Died at <i>Cumberland</i> | | Month <i>January</i> | | Day <i>27</i> | | Years <i>55</i> | |
| Date of death <i>1907</i> | | Month <i>January</i> | | Day <i>27</i> | | Age <i>55</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth place <i>Cumberland</i> | | | |
| Occupation <i>Wife</i> | | Where Residing if not at place of death <input checked="" type="checkbox"/> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of HUSBAND <i>Robert Spiker</i> | | | | | |
| Father's Name <i>Michael Coleman</i> | | Father's Birthplace <i>Ireland</i> | | | | | |
| Mother's Maiden Name <i>Bonk Know</i> | | Mother's Birthplace <i>Ireland</i> | | | | | |
| Name of person giving information <i>James Spiker</i> | | How related to deceased <i>Son.</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Carcinoma of Breast</i> | | How long <i>7 yrs</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>16 months</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Geo L Carole</i> | |
| | | Address <i>Cumberland Md</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

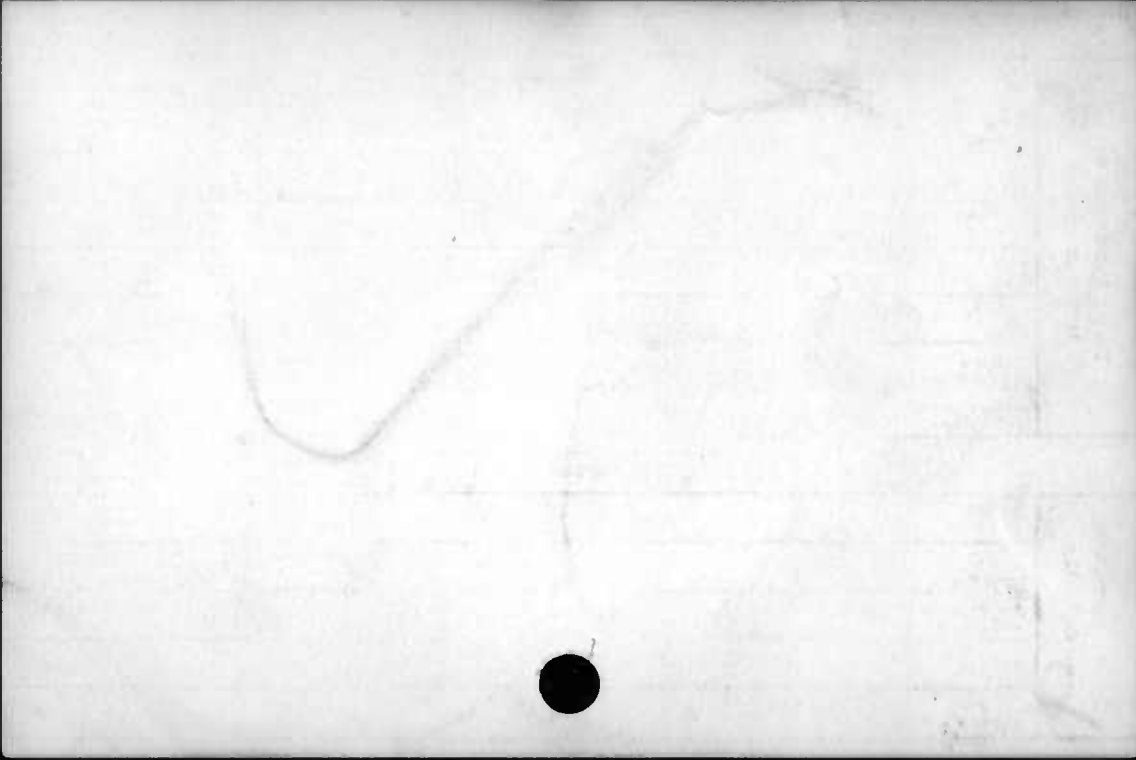
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | |
|---|--|------------------------|--|--|--|-----------------------------------|--|--------------------|--|------------------|--|
| Name <i>Joseph Toole</i> | | Town <i>Cumtola</i> | | County <i>Alleghany</i> | | MARYLAND | | | | | |
| Died at | | Month <i>July</i> | | Day <i>3</i> | | Age <i>2</i> | | Months <i>-</i> | | Days <i>1</i> | |
| Date of death <i>1907</i> | | Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth- place <i>Cumtola</i> | | | | | |
| Occupation <i>-</i> | | | | Where Residing if not at place of death <i>-</i> | | | | | | | |
| Married, Single or Widowed <i>-</i> | | | | Name of Wife or Husband <i>-</i> | | | | | | | |
| Father's Name <i>Daniel Toole</i> | | | | Father's Birthplace <i>England</i> | | | | | | | |
| Mother's Maiden Name <i>Catharine Toole</i> | | | | Mother's Birthplace <i>Ireland</i> | | | | | | | |
| Name of person giving In formation <i>Catharine Toole</i> | | | | How related to deceased <i>Wife</i> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Dentition</i> | | How long <i>2 wks</i> | |
| Immediate <i>Brain fever</i> | | How long <i>4 - 5 days</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yels.</i> | | Signature of Physician <i>Dr. F. L. Barkdale M.D.</i> | |
| | | Address <i>So Cumberland</i> | |
| Accident or Suicide? <i>LOUIS STEIN</i> | | <i>Md.</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

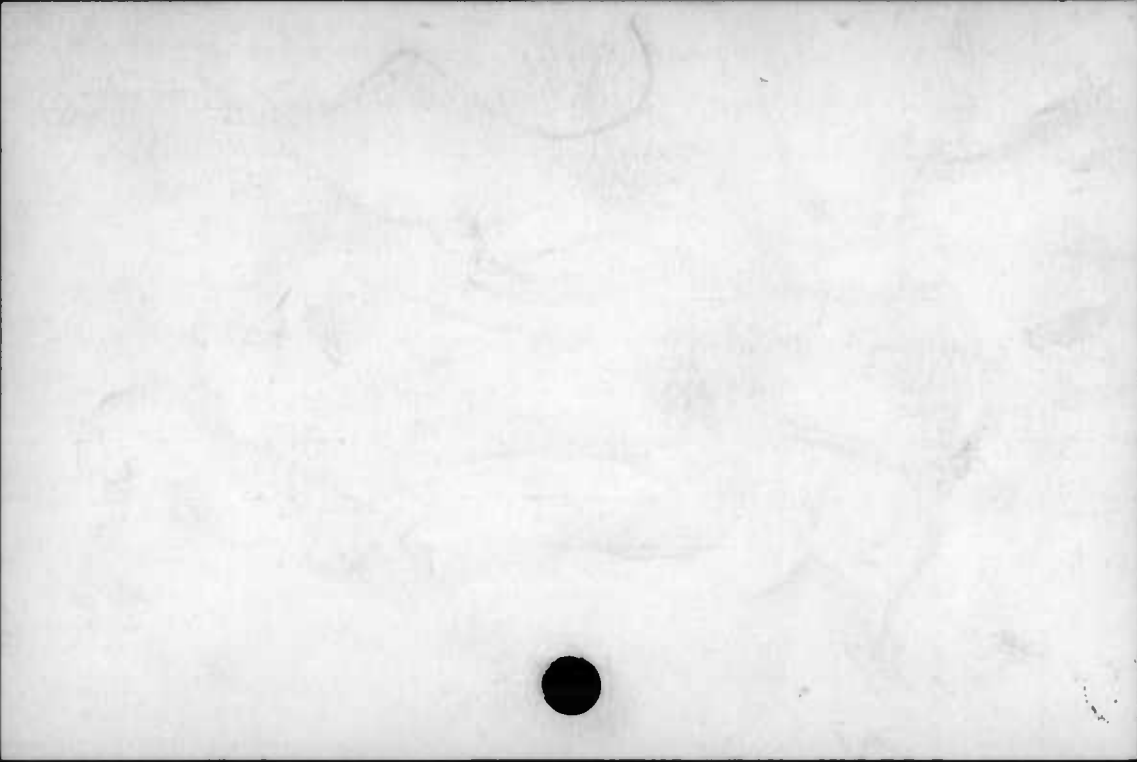
| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1907 | | Jan | 18 | 10 | 4 | | |
| Sex | | Color or Race | | Birth-place | | | |
| Male | | White | | Narrow Park, Md | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Moses Twigg | | Eckhart Md | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Louisa Jane Wright | | Louacoming, Md | | | | | |
| Name of person giving information | | How related to deceased | | | | | |
| Moses Twigg | | Father | | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|------------|
| Primary | Rheumatism | How long | 1 1/2 year |
| Immediate | Chronic Endocarditis | How long | 1 year |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | Dr. A. R. Walker, | |
| | | Address | |
| | | Frostburg, Md. | |
| Accident or Suicide? | | | |



Name
in
Full

Harold R Weisenberg

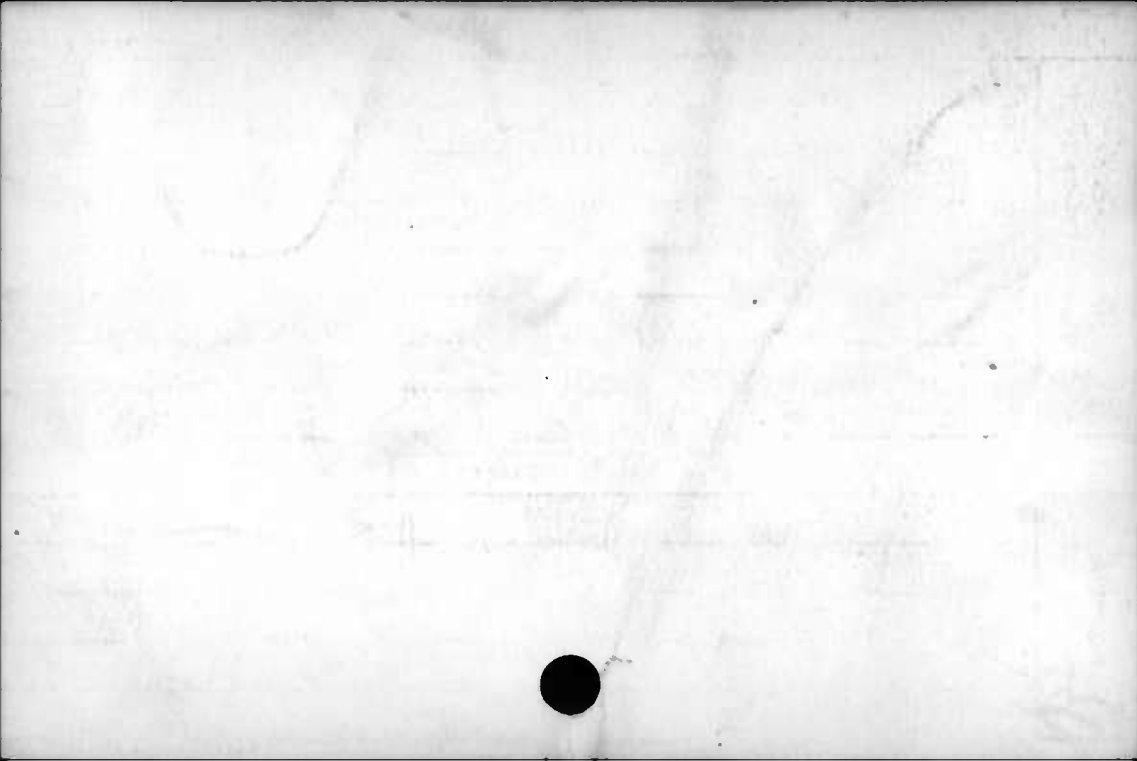
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------|-------------------------|-------------------------|----------|------|
| Died at <u>Cumt-d</u> Town | | <u>Allegheny</u> County | | MARYLAND | |
| Date of death | 1907 | Month | Jan | Day | 13 |
| Age | Years | | Months | | Days |
| Sex | male | | Color or Race | White | |
| Occupation | <u>---</u> | | Birth-place | Cumt-d | |
| Where Residing if not at place of death | | | <u>---</u> | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

| | | | |
|--|--------------------|------------------------|---------------------------|
| Primary | <u>Meningitis</u> | How long | . |
| Immediate | <u>Pneumonia</u> | How long | <u>2 Days</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician | <u>E. L. Bordrup M.D.</u> |
| | <u>LOUIS STEIN</u> | Address | <u>S. Cumberland</u> |
| | | | <u>Ed.</u> |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------------------|------------------------------|--------------------------------------|--------------------|--------|
| Died at <i>Witte</i> Town | | County <i>Allegheny</i> | | MARYLAND | |
| Date of death 1907 | Month <i>Jan</i> | Day <i>15</i> | Age | Years | Months |
| Sex <i>Male</i> | Color or Race <i>W. White</i> | Birth-place <i>W. Savage</i> | | Days <i>1 hour</i> | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>+</i> | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Edward Witte</i> | | | Father's Birthplace <i>W. Savage</i> | | |
| Mother's Maiden Name <i>Mary Zorn</i> | | | Mother's Birthplace <i>Zorn</i> | | |
| Name of person giving information | | | How related to deceased | | |

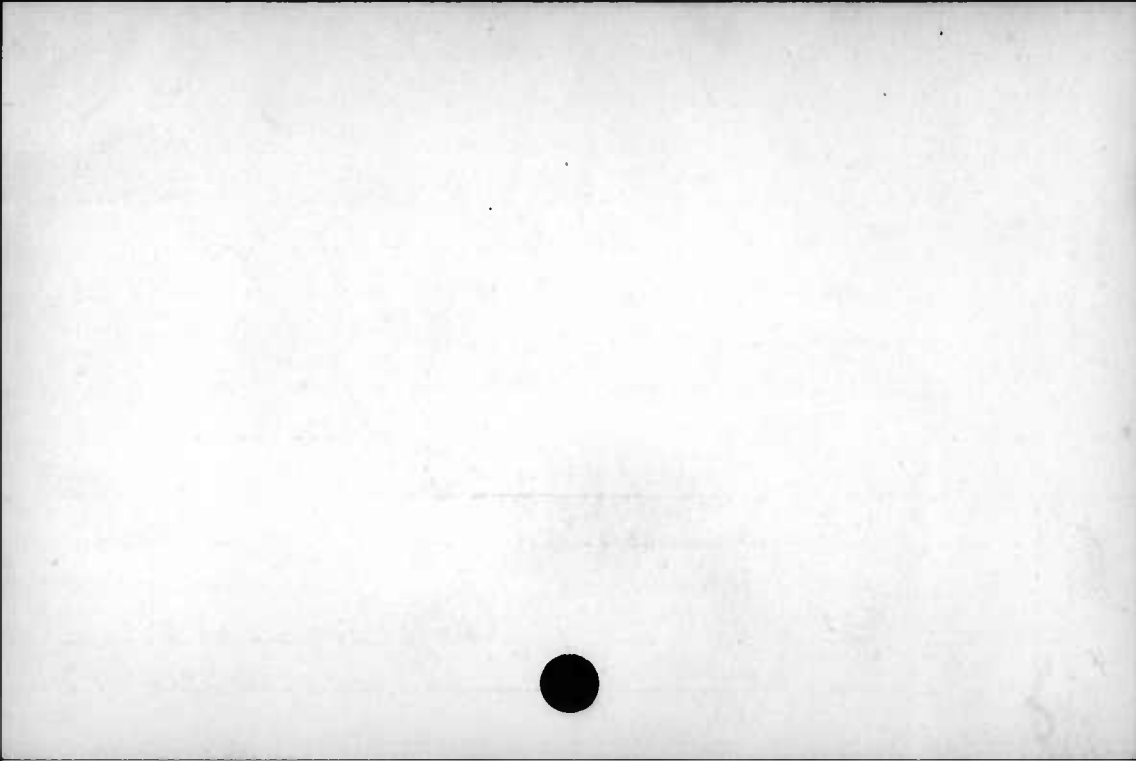
CAUSES OF DEATH

PHYSICIAN
OR CORONER

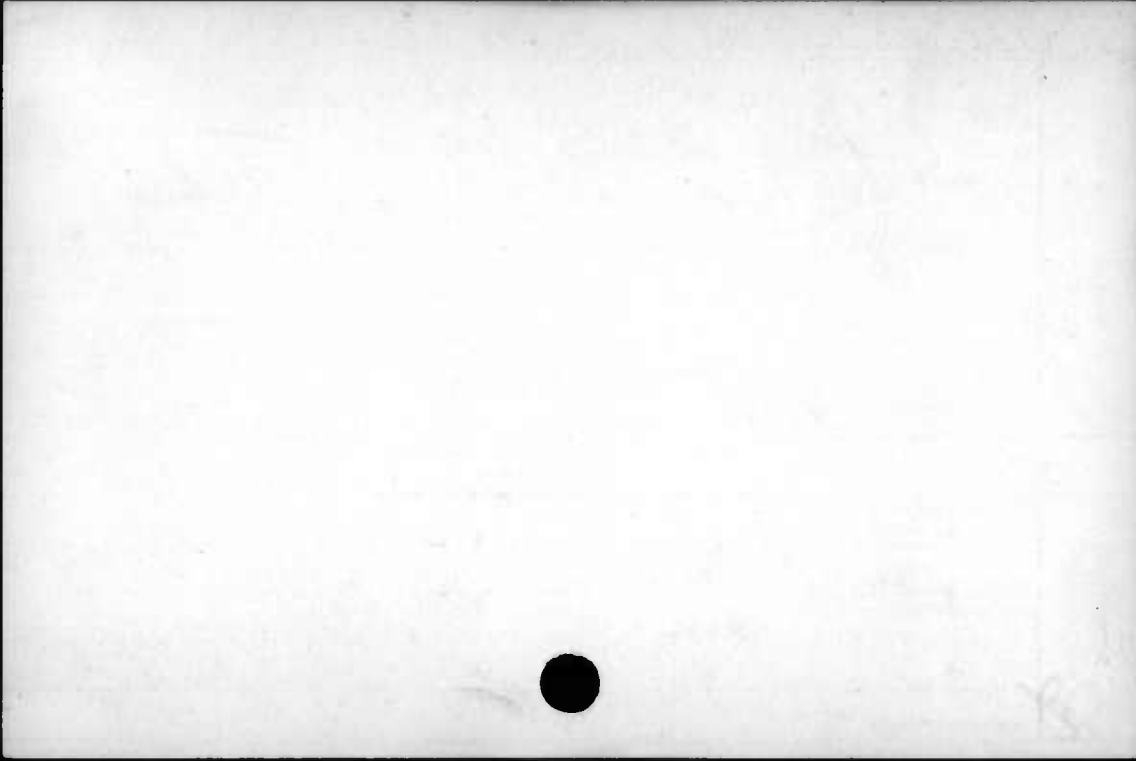
| | |
|--|---|
| Primary <i>Premature Birth</i> | How long |
| Immediate | How long |
| Ara the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>F. Allen G. McMay</i> |
| | Address <i>W. Savage</i> |
| Accident or Suicide? | |



| Name in Full | | Certificate of Death | | | |
|--|--|----------------------|-----|--|--------|
| Clara Louisa Wolfe | | Town | | County | |
| Died at Frostburg | | Alligany | | MARYLAND | |
| Date of death 1907 | | Month | Day | Age | Months |
| 7 January | | 10 | 30 | | |
| Sex Female | | Color or Race white | | Birth-place Maryland | |
| Married, Single or Widowed | | Manned | | House wife | |
| Name of Wife or Husband | | Henry H Wolfe | | | |
| Father's Name | | James Ravenscroft | | Father's Birthplace Not known | |
| Mother's Maiden Name | | Angelina Ravenscroft | | Mother's Birthplace Not known | |
| Name of person giving information | | Henry H Wolfe | | How related to deceased Husband | |
| CAUSES OF DEATH | | | | | |
| Primary | | Appendicitis | | How long 3 days | |
| Immediate | | Heart failure | | How long Few hours | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician J. G. Watson M.D. | |
| | | | | Address Frostburg Md. | |
| Accident or Suicide? | | | | | |



| Name in Full | | George C. Hanzbacher | | | | CERTIFICATE OF DEATH | | | | | | |
|-------------------------------------|--|----------------------|-------|-------------------------|---|-------------------------|---------------------|-------------------|--------|------|---|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Cumber | | County | | MARYLAND | | | | | | |
| | Date of death | 1907 | Month | July | Day | 22 | Age | Years | Months | Days | 3 | |
| | Sex | male | | Color or Race | white | | Birth-place | Cumber | | | | |
| | Occupation | none | | | Where Residing if not at place of death | | | - | | | | |
| | Married, Single or Widowed | single | | Name of Wife or Husband | | none | | ✓ | | | | |
| | Father's Name | Henry Hanzbacher | | | | | Father's Birthplace | Cumber | | | | |
| | Mother's Maiden Name | Catherine Steele. | | | | | Mother's Birthplace | Cumber | | | | |
| Name of person giving information | Henry Hanzbacher. | | | | | How related to deceased | Father | | | | | |
| CAUSES OF DEATH | | | | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Inanition | | | | | How long | 3 days | | | | |
| | Immediate | Convulsions | | | | | How long | 24 hours | | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | | Signature of Physician | | A. B. Brown, M.D. | | | | |
| | LOUIS STEIN. | | | | | Address | | Allegheny Co | | | | |
| | Accident or Suicide? | | | | | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

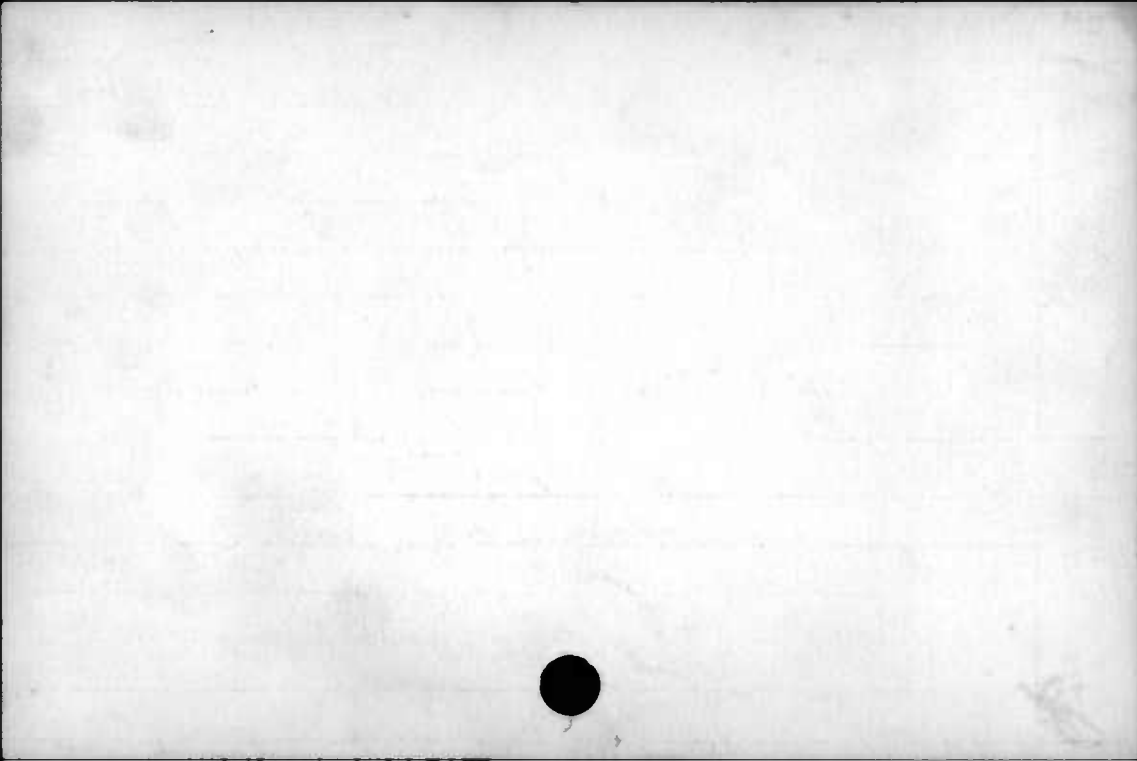
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|----------------------------------|--|---|----------------|-----------------|---------------|
| Died at <i>Hager House</i> | | Town <i>Alger House</i> | | County <i>Allegheny</i> | | MARYLAND | |
| Date of death <i>1907</i> | | Month <i>Jan</i> | Day <i>31</i> | Age <i>23</i> | Years <i>—</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>male</i> | Color or Race <i>White</i> | | Birth-place <i>MD</i> | | | | |
| Occupation <i>Laborer</i> | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>—</i> | | ✓ | | Father's Birthplace <i>—</i> | | | |
| Mother's Maiden Name <i>—</i> | | | | Mother's Birthplace <i>—</i> | | | |
| Name of person giving information <i>Peter Wilson</i> | | | | How related to deceased <i>Not at all</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Tuberculosis</i> | How long <i>3 yrs</i> |
| Immediate <i>Exhaustion</i> | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. A. Twigg</i> |
| | Address <i>Cumberland, MD</i> |
| <i>—</i> Assistant or Surgeon? | LOUIS STEIN |



Name
in
Full

John Zawadne

CERTIFICATE OF DEATH

Died at Lord

TOWNSHIP

County

Allegany

MARYLAND

Date

of death 1907

Month

Jan

Day

26

Age

Years

19

Months

-

Days

-

Sex

male

Color or
Race

white

Birth-
place

Austro-Hungary

Occupation

Mine laborer

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Andy Zawadne

Father's
Birthplace

Austro-Hungary

Mother's
Maiden Name

Mary Paul

Mother's
Birthplace

Austro-Hungary

Name of person giving
In formation

Joseph Zawadne

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

7 weeks

Immediate

Exhaustion Heart failure

How long

few days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

James C. Bullard, M.D.

Address

Lonaconing Maryland

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

